

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Department of the Treasury

nization may have to use a conv of this return to satisfy state reporting requirements

Open to Public Inspection

<del></del>		enue Service				ise a copy of this return				<del>_ L</del>		
			dar year,	or tax year be	ginning		, 2009, and endir	ng r	D. c.			
В	Check i	f applicable	Please use	C				1			cation Number	
	Ad	ldress change	IRS label	[W22121 T	NTERNATIO			ļ	77-0	02434	75	
	Na	me change	or print or type.		HERMON RO				E Telepho	ne numbe	et.	
	$\square_{\text{in}}$	tial return	See specific	SCOTTS V	ALLEY, CA	95066-4034			831-	-438-	4582	
	$\vdash$	rmination	Instruc- tions.	ļ				Ì	-			
	$\vdash$		""						G Gross re	ecointe \$	11,578	370
	$\vdash$	nended return	E Name	I and address of prir				H(a) Is this a				
	∐ Ap	plication pending	1		-			H(b) Are all a			Yes	
				AS C ABOV		<del> </del>	<del> </del>	1	attach a list			
	Tax	-exempt statu			) < (insert no )	4947(a)(1)	or 527	4				
	Wel	bsite: ► WW			ATIONAL.OF	<u> </u>		H(c) Group e				
K	Form	of organization	X Corpor	ation Trust	Association	Other ►	L Year of Forma	ation 1990	) Mis	State of le	gal domicile CA	1
Pa	rt I	Summ										
	1			ganization's m	nission or most	significant activitie	s PROVIDIN	IG RESO	URCES	FROM	AMERICA	TO
						EOPLE IN EME						
Activities & Governance						L_CARE_OF_O						
rna		EMPOWERM			<b>352231</b> 3	<b>4</b> _ <b>4</b> _4_4						
Š	2	Check this be	ox ►	if the organization	ation discontini	ued its operations of	or disposed of me	ore than 25	5% of its	assets		
5						Part VI, line 1a)	<b>-</b>			3		10
5						erning body (Part \	/I, line 1b)			4		8
	5	Total number	r of emplo	oyees (Part V,	line 2a)					5		12
<u> </u>					e if necessary)					6		185
₹						/III, column (C), lın	e 12			7a		0.
	b	Net unrelated	d busines:	s taxable incoi	me from Form	990-T, line 34				7b		0.
┪						<del></del>		Р	rior Year		Current Y	ear
	8	Contributions	and aras	nts (Part VIII,	line 1h)				,160,3	121	11,355	
.				nue (Part VIII,				13	,100,0	,,,,,	11,555	, 552.
:					ın (A), lines 3,	1 and 7d)			10,8	200	3.0	,715.
שפאפטים						c, 9c, 10c, and 11e			62,4			$\frac{713.}{103.}$
	11							13	,233,5		11,578	
$\dashv$				-		Al Part VIII, column	(A), lifte 12)	1 13	,235,3	,30.		
					art IX, column						8,202	, 131.
		-			ırt IX, column (							<del></del>
۱ م	15	Salaries, oth	er compe	nsation, empl	oyee benefits (	Part IX, column (A)	, lines 5-10)		705,9	912.	811	,751.
36	16 a	Professional	fundraisii	ng fees (Part l	X, column (A),	line 11e)						
Expenses	h	Total fundrar	cina evne	nses (Part IX	, column (D), lu	ne 25) ▶	64,914.			2.5		
ŭ				•			01,511.		,902,7		1 000	,167.
					), lines 11a-11d							
	18	Total expens	ses. Add l	ines 13-17 (m	ust equal Part	X, COMMIT (A), line	25)		,608,6		10,102	•
_	19	Revenue les	s expense	es Subtract li	ne 18 from June	IZIVLU		<del>-2</del>	,375,0	130.	1,475	,701.
8					ဖွ	SC		Begin	ning of Y	'ear	End of Y	ear
Ę	20	Total assets	(Part X, I	ine 16)	NOA NOA	1 5 2010			,230,8		13,797	,652.
Assets or d Balancos	21	Total liabilitie	•	•	[志]	E SE		1	,384,4	112.	1,462	,426.
žž			•	•	1 1		ļ		,846,4		12,335	•
٥	<u>22.</u> rt II		ure Blo		ct line 21 From	FK HT		10	,040,5	100.1	12,333	, 220.
	rt II				900							
		Under penalti true, correct.	es of perjury and complete	, I declare that I ha e Declaration of pr	eve examined this re reparer (other than o	turn, including accompan officer) is based on all info	ying schedules and st ormation of which prep	atements, and parer has any f	to the best of knowledge	of my kno	wledge and belief,	, it is
			·	11.1/0				1	11/	_ /		
Sig	n	<b>-</b>		MATUR	<b>/</b>				/9	//	٥	
le	re	Signature	e of officer	01	./.	, , ,		Da	te			
		<b>&gt;</b>	obert	J. PAC	gett P	Rosidont						
		Type or p	orint name ar	nd title								
		<u> </u>		211	/	2	Date		neck if	Pre	parer's identifying e instructions)	number
Pai	id	_	()	11/	1.			) se		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Pre		Preparer's signature	<b>▶</b> /10.1	## \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	GRAY, CPA	/	11/5	[10   "		$\square$	0199491	
oai	rer's		10%					<del></del>		110	,,,,,,,,,	
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On		employed), address, and	► 155					EI			11966	
		ZIP + 4			CA 92705-8		<u>.</u>	PI	none no	714	543-0500	
May	the !	IRS discuss the	his return	with the prepa	arer shown abo	ve? (see instruction	ns)				X Yes	No
									. —			

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_ X	
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	_	Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			,
•	• 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			
•	• 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			
•	• 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			
	• Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X			
•	• 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? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 <i>a</i>	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	DID DID DID DID THE OF THE DID THE OF	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	Х	
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	17		_X_
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	18		Х
	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	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20_		<u>X</u>

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 1 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d 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) and 501(c)(4) 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 Х 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 Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Х 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 Х 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 235 Х 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 36 Х 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

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Form 990 (2009)

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

Statements Regarding Other IRS Filings and Tax Compliance Yes No 3 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 19 Information Returns Enter -0- if not applicable 1 a 1 b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable U c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1 c 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 12 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7b 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? 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 92 b Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 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 other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b

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Form 990 (2009)

12a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Page 6

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

Sec	ction A.	Governing Body and Management								
									Yes	No
1	a Enter the	number of voting members of the governing body	1a				1	0		
	<b>b</b> Enter the	number of voting members that are independent	1ь					8		
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee? SEE SCHEDULE O	lation	ship	p with	h any	other	2	X	
3	Did the o	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other person	inder t	the	direc	et supe	ervision	3		х
4		rganization make any significant changes to its organizational documents						4		X
	since the	prior Form 990 was filed?								
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's as	sets	s?			5		X
6	Does the	organization have members or stockholders?						6		Х
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?										X
	<b>b</b> Are any o	decisions of the governing body subject to approval by members, stockholders, or of	ther pe	erso	ons?			7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ing	rtaker	n dı	uring	the ye	ear by		,	
	a The gove	rning body? .						8a	Х	
	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?						8b	Х	
9	ls there a	iny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot b	oe re	each	ed at t	the	9		Х
		Policies (This Section B requests information about policies not						a/	•	<del></del>
Rev	enue Code	)								
									Yes	No
		organization have local chapters, branches, or affiliates?						10a		X
	and bran	loes the organization have written policies and procedures governing the activities on the chartest of the organization?			-			10Ь		
		organization provided a copy of this Form 990 to all members of its governing body			-			11	X	L,
		in Schedule O the process, if any, used by the organization to review this Form 990	). S	EE	SC	HEDU	JLE O			!
		organization have a written conflict of interest policy? If 'No,' go to line 13						12a	Х	<u> </u>
	to conflic				•			12b	х	
	<b>c</b> Does the Schedule	organization regularly and consistently monitor and enforce compliance with the pool of how this is done SEE SCHEDULE O	licy?	If '\	Yes,'	descr	ibe in	12c		
		organization have a written whistleblower policy?						13	Х	
		organization have a written document retention and destruction policy?						14	Х	<u> </u>
15	Did the persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de-	appro cision	val ?	by ır	ndeper	ndent			
	_	nization's CEO, Executive Director, or top management official						15a	Х	
		cers of key employees of the organization SEE SCHEDULE O						15b	Х	
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions.)								
16	a Did the o entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arran	igen	nent	with a	taxable	16a		X
	in joint v	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	to ev	alua orga	ate it nizat	ls part lion's e	icipatior exempt	ļ		
Sec		th respect to such arrangements?  Disclosures			—			16b		
		tates with which a copy of this Form 990 is required to be filed NONE								
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply.	nd 99	— — 0-Т	(501	(c)(3)	s only)	avaılabl	e for p	 public
		website Another's website X Upon request								
19	statemen	in Schedule O whether (and if so, how) the organization makes its governing docun ts available to the public. SEE SCHEDULE O	·				•	•		ncial
20		name, physical address, and telephone number of the person who possesses the bENE_PAGETT_P.OBOX_66396_SCOTTS_VALLEY_CA95067-6						anızatı	on - <b>–</b> – -	

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee

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

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

(A)	(B)			(	c)			(D)	(E)	(F)		
Name and Title	Average hours	Position (check all that apply)						Reportable	Reportable	Estimated		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
ROBERT J. PAGETT					$\vdash$	ď						
PRESIDENT	60	X		X	x			64,026.	0.	50,000.		
CHARLENE PAGETT								01,0201		30,000.		
SECRETARY	45	Х		X	x			42,143.	0.	0.		
HOWARD BOWLES								,		<u></u>		
BOARD MEMBER	1	X						0.1	0.	0.		
DON ANNAS												
VP OF CEP	1	Х						0.	0.	0.		
BILL CARMICHAEL												
VP OF BOARD	4	Х		Х				0.	0.	0.		
SUE FOSTER	]											
DIRECTOR	1	Х			L			0.	0.	0.		
SHARON FRUH, PH.D, RN, CS,	]											
DIRECTOR	1	Х						0.	0.	0.		
DR. WARD TANNEBERG												
DIRECTOR	1	Х					ļ	0.	0.	0.		
GIL MILTENBERGER												
BOARD MEMBER	1	Х	Ш		<u> </u>			0.	0.	0.		
ALBERT_VATERS	ļ											
BOARD MEMBER	1	Х						0.	0.	0.		
TIM REYNOLDS												
VP, EXEC DIREC	60				Х			68,227.	0.	54,000.		
RAY SCHMIDT					١.,							
VP OF OPERATION	60				Х			52,307.	0.	54,000.		
STEPHEN SAVELICH					,,			50.606		45 000		
COMMUNICATIONS	50		$\vdash$		X			58,696.	0.	45,000.		
	<del></del>											
	<u> </u>	L			لـــا							

Part VII   Section A. Officers, Directors, Trust		ley	<u> </u>			es,	an			ibio			н.)
(A)	[ • • • • • • • • • • • • • • • • • • •			(E)			(F)						
. Name and Title	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	5	amou comp fre orga and	timated nt of oil pensation the anization direlated inization inization	her on n d
							L.						
1 b Total							<u> </u>	285,399.	0			_	000.
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se li	stec	abo	ove)	whe	o red	ceived more than	\$100,000 in repo	rtable	com	pensa	ation
nom the organization												Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust ndividua	ee,	key	emp	oloy	ee, (	or hi	ghest compensate	ed employee	F	3	Х	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable han \$15	cor 50,00	npe )0?	nsa If 'Y	tion ′es′	and com	oth plet	er compensation to e Schedule J for s	from such	-	4		Х
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens	satio I for	n fro	om a	any erso	unre	elate	d organization for	services	-	5		Х
Section B. Independent Contractors									<del>, _ , _ , , _ , _ , _ , _ , _ , _ , _ ,</del>				
Complete this table for your five highest compensation from the organization	ed ınde <sub>l</sub>	pend	dent	con	ntrac	tors	tha	t received more th	nan \$100,000 of				
(A) Name and business addres	s							(B) Description (	) of Services	Co	(C	) nsatio	n
			-								_ 1		
												_	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to th	ose	list	ed a	bove) who receive	ed more than				

Par	t VIII   Statement of Revenue	<del></del>			
•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
용일	c Fundraising events 1c	7			
A A	d Related organizations 1 d	-	!		
흥불	<del></del>				
S.S.	e Government grants (contributions)	-			
문문	f All other contributions, gifts, grants, and				
프	f All other contributions, gifts, grants, and similar amounts not included above 1f 11, 355, 552				
E O	g Noncash contribus included in los 1a-1f. \$ 4,797,862				
ō₹	h Total. Add lines 1a-1f	<b>►</b> 11,355,552.			
	Business Code				
됩	2a				· · · · · · · · · · · · · · · · · · ·
₫					
뼔					
. ₹	c				
SEI	d				
Ψ	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
ě	g Total. Add lines 2a-2f	<b>&gt;</b>			
	3 Investment income (including dividends, interest and				
	other similar amounts)	<b>►</b> 38,715.			38,715.
	4 Income from investment of tax-exempt bond proceeds	<b>&gt;</b>			
	5 Royalties	<b>&gt;</b>		-	
	(i) Real (ii) Personal				
	6a Gross Rents	$\dashv$			
		$\dashv$			
1	b Less. rental expenses	_			
	c Rental income or (loss)				
	d Net rental income or (loss)	<b>&gt;</b>			
	7a Gross amount from sales of (i) Securities (ii) Other	_			
	assets other than inventory				
	<b>b</b> Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	<u> </u>			
	- · · ·		1	· · ·	<del> </del>
NOE	8a Gross income from fundraising events (not including \$				
2	of contributions reported on line 1c).				
8	See Part IV, line 18				
OTHER REVEN	b Less direct expenses b				
°۱	c Net income or (loss) from fundraising events	<b>&gt;</b>			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less. direct expenses b	7	1		
	c Net income or (loss) from gaming activities	<b>&gt;</b>			
					1
	10 a Gross sales of inventory, less returns and allowances a				
		╡		i	
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	<del></del>		· -	<del>                                     </del>
	Miscellaneous Revenue Business Code	<del></del>			
	11a MISCELLANEOUS	184,103.	_		184,103.
	b				
	с				
	d All other revenue				
ļ	e Total. Add lines 11a-11d	<b>►</b> 184,103.			
_	12 Total revenue. See instructions	<b>►</b> 11,578,370.	0.	0.	222,818.

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 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 governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	8,202,751.	8,202,751.		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors, trustees, and key employees	488,399.	268,619.	185,592.	34,188.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	299,866.	164,926.	113,949.	20,991.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	_			
10	Payroll taxes	23,486.	12,917.	8,925.	1,644.
11	Fees for services (non-employees)				
	a Management				
1	Legal	3,888.	1,944.	1,944.	
(	Accounting	25,050.	8,767.	16,283.	
(	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
9	g Other				
12	Advertising and promotion	6,522.			6,522.
13	Office expenses	45,712.	22,856.	22,856.	
14	Information technology				
15	Royalties				
16	Occupancy	104,104.	98,254.	5,850.	
17	Travel	297,480.	297,480.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73,985.	51,790.	22,195.	
23	<b>-</b>	44,200.	28,288.	15,912.	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ).				
	RELIEF/OUTREACH-VARIOUS COUNTR	383,651.	383,651.		
1	BENEVOLENCE	19,731.	19,731.		
•	PRINTING AND PUBLICATIONS	17,796.	13,525.	3,381.	890.
(	I TELEPHONE	13,989.	8,953.	5,036.	
(	POSTAGE AND SHIPPING	13,571.	10,314.	2,578.	679.
1	All other expenses	38,488.	23,256.	15,232.	
25	Total functional expenses. Add lines 1 through 24f	10,102,669.	9,618,022.	419,733.	64,914.
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
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			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	423,478.	1	1,152,284.
	2	Savings and temporary cash investments.	1,095,335.	2	1,787,159.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	17,993.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
Š	7	Notes and loans receivable, net.		7	
ASSETS	8	Inventories for sale or use	8,198,092.	8	8,186,724.
Š	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. 10a 2,855,109.			
		Complete Part VI of Schedule D			
	b	Less. accumulated depreciation 10b 278, 912.	2,085,054.	10 c	2,576,197.
	11	Investments — publicly-traded securities.	71,726.	11	76,794.
	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	357,213.	15	501.
	16	Total assets Add lines 1 through 15 (must equal line 34)	12,230,898.	16	13,797,652.
	17	Accounts payable and accrued expenses	89,791.	17	181,426.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
1		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties	1,294,621.	23	1,281,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,384,412.	26	1,462,426.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
Ŧ		27 through 29 and lines 33 and 34.			
SSE	27	Unrestricted net assets	857,689.	27	455,982.
	28	Temporarily restricted net assets .	9,988,797.	28	11,879,244.
Š	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
P UZD		lines 30 through 34.			
Ŋ	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances.	10,846,486.	33	12,335,226.
\$	34	Total liabilities and net assets/fund balances	12,230,898.	34	13,797,652.

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orm 990 (2009) ASSIST INTERNATIONAL, INC.	77-0243475	Pa	ge <b>12</b>
Part XI   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2 b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversit review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		Ì
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both.	ere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to a audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit		

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Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545 0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

of the Treasury renue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number ASSIST INTERNATIONAL. 77-0243475 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 11, 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) 3 A hospital or 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) 9 X 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II Type III - Other Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	(iv) Is the organization in col to (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		s the ion in col zed in the S ?	(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
									-
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Par	t II Support Schedule for	_			b)(1)(A)(iv) an	d 170(b)(1)(A)(	vi)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	t I )			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						<del> </del>
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support		,				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					:	
12	Gross receipts from related activ	rities, etc. (see ins	structions)	<u> </u>		12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	•	``	ne 11, column (f)		14	%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	%
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	not check the bo olicly supported o	ix on line 13, and rganization.	the line 14 is 33	·1/3 % or more, ch	eck this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	not check a box blicly supported o	on line 13, or 16a rganization	, and line 15 is 3	3-1/3% or more, cl	neck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ınd-cırcumstance:	s' test, check this	box and stop her	re. Explain in Part	
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	a, or 17b, check th	ns box and see ins	structions 🕨 🗌

1.

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sac	tion A. Public Support				<del> </del>		<del></del>
		(a) 2005	(L) 2006	<b>4-&gt; 2007</b>	(4) 2000	(-) 0000	10.7.1
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
,	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	22594917.	14519479.	16411152.	13770203.	11591409.	78,887,160.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	22594917.	14519479.	16411152.	13770203.	11591409.	78,887,160.
	Amounts included on lines 1, 2, 3 received from disqualified persons	15,450.	10,850.	15,650.	0.	0.	41,950.
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	41,950.
	: Add lines 7a and 7b	15,450.	10,850.	15,650.	0.	0.	41,950.
	Public support (Subtract line	13,430.	10,650.	13,030.	0.	0.	41,930.
0	• • • •					-	70 045 210
Saa	7c from line 6.) tion B. Total Support						78,845,210.
JEL.	tion b. rotal Support						
		4-> 0005	4.20000	4 > 0007	415.0000	4 1 0000	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale 9		22594917.	14519479.	16411152.	13770203.	11591409.	78,887,160.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	42,930.	55,318.	76,052.	13770203. 65,414.	38,715.	78,887,160. 278,429.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	22594917.	14519479.	16411152.	13770203.	11591409.	78,887,160. 278,429.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	42,930.	55,318.	76,052.	13770203. 65,414.	38,715.	78,887,160. 278,429.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	42,930.	55,318.	76,052.	13770203. 65,414.	38,715.	78,887,160. 278,429. 0. 278,429. 0. 850,248.
Cale 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	42,930. 42,930.	55,318. 55,318. 283,875.	76,052. 76,052. 76,052.	65,414. 65,414.	38,715. 38,715.	78,887,160. 278,429. 0. 278,429. 0. 850,248. 80,015,837.
Cale 9 10 a 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	42,930. 42,930. 150,586.	55, 318. 55, 318. 283, 875.	76,052. 76,052. 76,052.	65,414. 65,414.	38,715. 38,715.	78,887,160. 278,429. 0. 278,429. 0. 850,248. 80,015,837.
Cale 9 10 a b c c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	42,930.  42,930.  42,930.  150,586.  Is for the organiza stop here	14519479. 55,318. 55,318. 283,875. tion's first, secondercentage	76,052.  76,052.  70,559. d, third, fourth, co	65,414. 65,414.	38,715. 38,715.	78,887,160. 278,429. 0. 278,429. 0. 850,248. 80,015,837. (3) ► □
Cale 9 10 a b c c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	42,930.  42,930.  42,930.  150,586.  Is for the organizatop here  olic Support Po 09 (line 8, column	14519479. 55,318. 55,318. 283,875. tion's first, seconercentage (f) divided by line	76,052.  76,052.  70,559. d, third, fourth, co	65,414. 65,414.	38,715.  38,715.  38,715.  184,103.  a section 501(c)	78,887,160.  278,429.  0.  278,429.  0.  850,248. 80,015,837.  3)  P 98.5%
Cale 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2	42,930.  42,930.  42,930.  150,586.  Is for the organiza stop here olic Support Polic Support Support Polic Support Supp	14519479.  55,318.  55,318.  283,875.  tion's first, seconercentage (f) divided by line Part III, line 15	76,052.  76,052.  70,559. d, third, fourth, compared to the co	65,414. 65,414.	38,715. 38,715. 38,715.	78,887,160. 278,429. 0. 278,429. 0. 850,248. 80,015,837. (3) ► □
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Page <b>4</b>	77-0243475	<u>. 77</u>	INC.	JNAL,	NATIO	INTER	SIST	9 AS	-EZ) 2009	990 or 99	(Form	Schedule /
ine 10; ructions.	uired by Part II, li mation. See instri	. 77 the explanations require other additional informat	ovide t any c	to pro	s part 12. P	ete thi	Comp I Part I	i <b>ation.</b> 'b; and	<b>Informa</b> a or 17	lementa I, line 1	Supp Part	Part IV
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Name of the organization		Employer Identification number
ASSIST INTERNATIONAL, INC.		77-0243475
Part I Organizations Maintaining Donc the organization answered 'Yes'	or Advised Funds or Other Similato Form 990, Part IV, line 6.	ar Funds or Accounts Complete if
	(a) Donor advised funds	(b) Funds and other accounts
<ol> <li>Total number at end of year</li> </ol>		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and do funds are the organization's property, subject		
6 Did the organization inform all grantees, don used only for charitable purposes and not for purpose conferring impermissible private ber	the benefit of the donor or donor advisorefit??	or or for any other Yes No
Part II   Conservation Easements Comp	lete if the organization answered	I 'Yes' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held to		
Preservation of land for public use (e.g.,	· · · · · · · · · · · · · · · · · · ·	rvation of an historically important land area
Protection of natural habitat	Prese	rvation of certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organizar last day of the tax year.	tion held a qualified conservation contrib	oution in the form of a conservation easement on the
- Takal asserbase of consequences		Held at the End of the Year
a Total number of conservation easements	omonto	2a 2b
<ul><li>b Total acreage restricted by conservation easing</li><li>c Number of conservation easements on a certain</li></ul>		2c
d Number of conservation easements included		2d
3 Number of conservation easements modified	,,,,,	<u> </u>
year ►	, transferred, released, extinguished, or	terminated by the organization during the tax
4 Number of states where property subject to c	onservation easement is located >	
5 Does the organization have a written policy r and enforcement of the conservation easemed	ent it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitor during the year ►		
7 Amount of expenses incurred in monitoring, during the year ►	inspecting, and enforcing conservation e	easements \$
8 Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requiremen	nts of section Yes No
9 In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	ts conservation easements in its revenue a to the organization's financial statemen	and expense statement, and balance sheet, and ts that describes the organization's accounting for
Part III Organizations Maintaining Coll	ections of Art, Historical Treasuswered 'Yes' to Form 990, Part IV	res, or Other Similar Assets V, line 8.
	blic exhibition, education, or research in	e statement and balance sheet works of art, historical furtherance of public service, provide, in Part XIV,
		stement and balance sheet works of art, historical furtherance of public service, provide the following
(i) Revenues included in Form 990, Part VII	I, line 1	<b>≯</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
2 If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar 116 relating to these items	assets for financial gain, provide the following
a Revenues included in Form 990, Part VIII, lin	e 1	<b>-</b> \$
b Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Form 990) 2009 ASSIS	T TNTERNA	TTONAL TNC			77-024	3475		Page 2
Part III Organizations Maintai			torical T	reasures, or (				
Using the organization's acquisition items (check all that apply).	on accession a	nd other records, ch	neck any of	f the following that	at are a significant use	e of its o	ollectic	n
a Public exhibition		<b>d</b> Loai	n or excha	nge programs				
<b>b</b> Scholarly research		e 📙 Othe	er	_				
c Preservation for future general								
4 Provide a description of the organ Part XIV			-	-	,	e ın		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	e maintained as par	t of the org	ganization's colle	ction?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	nts Complete if 990, Part X, lin	organiza e 21.	ation answere	d 'Yes' to Form 9	90, Pa	rt IV, I	ine
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or other intermedia	ry for cont	ributions or other	r assets not	Yes	Γ	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV and	d complete the follow	wing table					
						Amount		
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a		990, Part X, line 2	1?			Yes	L	No
b If 'Yes,' explain the arrangement		<del></del>	1.07	=				
Part V   Endowment Funds Co					<u> </u>	1		
1. 0	(a) Current ye	ar (b) Prior y	rear	(c) Two years back	(d) Three years back	(e) F	our years	back
1 a Beginning of year balance						-		
<b>b</b> Contributions					-	+		
<ul> <li>c Net Investment earnings, gains, and losses</li> </ul>								
d Grants or scholarships								
e Other expenditures for facilities and programs						<u> </u>		
f Administrative expenses								
<b>g</b> End of year balance								
<ol><li>Provide the estimated percentage</li></ol>	-	d balance held as						
a Board designated or quasi-endow	/ment ►	8						
<b>b</b> Permanent endowment ►	8							
c Term endowment ►	8							
3a Are there endowment funds not a organization by	n the possession	n of the organizatio	on that are	held and adminis	stered for the	Γ	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations lis	ted as required on	Schedule F	₹?		_3b		
4 Describe in Part XIV the intended								
Part VI Investments—Land, B	<del> </del>	<del></del>		990, Part X,				
Description of investment	(8	i) Cost or other basi (investment)		ost or other is (other)	(c) Accumulated Depreciation	(d) E	Book Va	
1 a Land	<u> </u>		1	420,605.				605.
<b>b</b> Buildings	<u> </u>		2	,230,031.	239,397.	1	<u>,990,</u>	<u>634.</u>
c Leasehold improvements	<u> </u>		1					
d Equipment	<u> </u>			204,473.	39,515.		164,	958.
e Other		15 222 -	<del></del>					1.0=
Total. Add lines 1a through 1e (Column	n (d) must equa	al Form 990, Part X,	, column (t	3), line 10(c))	<u></u>			197.
BAA					Sched	ule D (F	orm 99!	ວ) 2009

Part VII	Investments—Other Securities See	Form 990, Part X, line 1	2. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial	derivatives		
Closely-he	eld equity interests		
	- <b></b>		
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	umn (b) must equal Form 990 Part X, col (B) line 12.)		
Part VII	I Investments-Program Related (Se	e Form 990, Part X, line	13) N/A
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		-	
	<del></del>		
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	min (b) made equal tomin ded, tarting der (b) min to	× ( 15)	· · · · · · · · · · · · · · · · · · ·
Part IX			<u> </u>
	(a)	Description	(b) Book value
	<u> </u>		
		<del>-</del> · ·	
		·	
Total. (C	olumn (b) must equal Form 990, Part X, col (B,	). line 15)	<b>&gt;</b>
Part X	Other Liabilities (See Form 990, Pa		
1 41474	(a) Description of Liability	(b) Amount	
Fodoral Is	ncome Taxes	(b) Amount	
rederaili	icome raxes		-
			-
Total (Colu	umn (b) must equal Form 990, Part X, col (B) line 25)		

Schedule D (Form 990) 2009 ASSIST INTERNATIONAL, INC.

77-0243475

Page 3

Sche	edule D (Form 990) 2009 ASSIST INTERNATIONAL, INC.	77-024	3475	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		-	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		11,57	8,370.
2	Total expenses (Form 990, Part IX, column (A), line 25).			2,669.
3	Excess or (deficit) for the year Subtract line 2 from line 1	Ī		5,701.
4	Net unrealized gains (losses) on investments			3,039.
5	Donated services and use of facilities			
6	Investment expenses	Ī		
7	Prior period adjustments	Ī		
8	Other (Describe in Part XIV)	ſ		
9	Total adjustments (net) Add lines 4 through 8	Γ	1	3,039.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			8,740.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements	1	11,59	1,409.
2			······································	
	a Net unrealized gains on investments 2a 13,03	9.		
	b Donated services and use of facilities 2b			
	c Recoveries of prior year grants	7 1		
	d Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e	1	.3,039.
3	Subtract line 2e from line 1	3		8,370.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			<del></del>
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)  4b			
	c Add lines 4a and 4b	4c		
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	11 57	18,370.
	rt XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p			0,570.
	Total expenses and losses per audited financial statements	1		2,669.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		10,10	2,005.
	a Donated services and use of facilities 23.			
	b Prior year adjustments	$\dashv$		
	c Other losses 2c	$\dashv$ $\parallel$		
	d Other (Describe in Part XIV)	$\dashv$ $\parallel$		
	e Add lines 2a through 2d			
3		3	10 10	2,669.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	10,10	72,009.
	<b>, ,</b> ,			
	a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b			
	c Add lines 4a and 4b	4c		
		5	10 10	2 660
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  rt XIV   Supplemental Information		10,10	02,669.
Com	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this rmation.	IV, lines is part to pr	Ib and 2b, Fovide any a	Part V, dditional
		<b>-</b>	<b></b>	
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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 ASSIST INTERNATIONAL, INC.	77-0243475	Page <b>5</b>
Schedule D (Form 990) 2009 ASSIST INTERNATIONAL, INC.  Rank XIV Supplemental Information (continued)		
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# Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

<u> 2009</u>

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Inspection

ASS	IST INTERNATIONAL				77-02434	
Part	General Informat to Form 990, Part	ion on Activiti IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
1	For grantmakers. Does the grantees' eligibility for the	e organization mai grants or assistan	intain records to s ce, and the selec	substantiate the amount of the tion criteria used to award the	grants or assistance, the grants or assistance?	X Yes No
2	For grantmakers. Describe	n Part IV the org	ganization's proce	dures for monitoring the use of	f grant funds outside the	United States.
3	Activities per Region (Use	Schedule F-1 (Fo	rm 990) if additio	nal space is needed.)	_	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
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Page 2

77-0243475

ASSIST INTERNATIONAL, INC. Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	ıızatıon	(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)
			AFRICA	CHILDREN	24,730.	CASH BY WIRE			
				SUPPORT		TRANSFER			
			ASIA	MEDICAL			1,044,505.	MEDICAL	FAIR MARKET
				EQUIPMENT				EQUIPMENT	VALUE
			ASIA	SUPPORT	44,318.	CASH BY WIRE			
						TRANSFER			
			CENTRAL	MEDICAL			800,871. MEDICAL	MEDICAL	FAIR MARKET
			AMERICA	EQUIPMENT				EQUIPMENT,	VALUE
								WATER,	
								ELECTRICAL	
			EUROPE	CHOIR	22,871.	22,871. CASH BY WIRE			
				ENSEMBLE		TRANSFER			
				TOUR					
			EUROPE	GENERAL			82,822.	82,822. MEDICAL	FAIR MARKET
				SUPPORT				EQUIPMENT,	VALUE
								CLOTHING,	

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

Schedule F (Form 990) 2009

Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. ASSIST INTERNATIONAL, INC.

Schedule F (Form 990) 2009

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 12,042. CASH BY WIRE TRANSFER (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance CASH BAA

(i) Method of valuation (book, FMV, P. appraisal, other) Page 2 (Rantinuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) MARKET MARKET VALUE FAIR (h) Description of non-cash assistance 77-0243475 MATERIALS AMBULANCE BUILDING 331,208. WATER 12,853. (g) Amount of non-cash assistance (f) Manner of cash disbursement TRANSFER TRANSFER TRANSFER TRANSFER CASH BY 70,027. CASH BY 364,609. CASH BY CASH BY WIRE WIRE WIRE WIRE 66,048. 75,991. (e) Amount of cash grant (d) Purpose of grant ENSEMBLE SUPPORT, GENERAL SUPPORT GENERAL SUPPORT SUPPORT SUPPORT SUPPORT CHOIR (c) Region SOUTH AMERICA ASSIST INTERNATIONAL, INC. SOUTH ASIA EUROPE EUROPE EUROPE EUROPE (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F-1 (Form 990) 2009 BAA

Schedule F-1 (Form 990) 2009

TEEA3602L 02/17/10

Page 2 Schedule F-1 (Form 990) 2009 ASSIST INTERNATIONAL, INC.

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

(A) Name of contract of the IDS cards (A) Contract of the IDS cards of the	100 cad		C. C. C.	10 to 1000	(A) Manage	(a)	(h) Documenton	(i) Method of
es es	section and EIN (if applicable)	(c) vegion	of grant	cash grant	of cash disbursement	assistance	of non-cash assistance	(book, FMV, appraisal, other)
								VALUE
		SUB-SAHARA	SUPPORT,	69,315.	CASH BY			
		AFRICA	нсн		WIRE			,
			SCHOOL		TRANSFER			
			CONSTRUCTI					
			NO					
		SUB-SAHARAN	MEDICAL			5,180,541. MEDICAL	MEDICAL	FAIR
		AFRICA	EQUIPMENT				EQUIPMENT,	MARKET
							ULTRASOUND	VALUE
		:						
								<u>.</u>
			TEEA3602L 02/	02/17/10			Schedule F-1 (Form 990) 2009	orm 990) 2009

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number 77-0243475

Par	rt I Questions Regarding Compensation				
				Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person VII, Section A, line 1a Complete Part III to provide any relevant information regarding the	n listed in Form 990, Part ese items.			
	First-class or charter travel X Housing allowance or re	esidence for personal use			
	Travel for companions Payments for business	use of personal residence			
	Tax indemnification and gross-up payments Health or social club du	1			
	Discretionary spending account Personal services (e.g.,				
ь	b If any of the boxes on line 1a are checked, did the organization follow a written policy recreimbursement or provision of all of the expenses described above? If 'No,' complete Par	garding payment or t III to explain	1 b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incutrustees, and the CEO/Executive Director, regarding the items checked in line 1a?	irred by all officers, directors,	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation CEO/Executive Director. Check all that apply.	on of the organization's			
	Compensation committee Written employment coil	ntract			
	Independent compensation consultant Compensation survey of	· · · · · · · · · · · · · · · · · · ·			
		or compensation committee			
	- The second of games and a second of	or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect or a related organization.	ect to the filing organization			
а	a Receive a severance payment or change-of-control payment?		4a		Х
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х
c	c Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Х
	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) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or a contingent on the revenues of.	ccrue any compensation			
а	a The organization?	L	5a		X
b	<b>b</b> Any related organization?		5b		Х
	If 'Yes' to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or a contingent on the net earnings of	ccrue any compensation			
а	a The organization?		6a		Х
ь	<b>b</b> Any related organization?		6ь		X
	If 'Yes' to line 6a or 6b, describe in Part III				
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide a described in lines 5 and 6? If 'Yes,' describe in Part III	ny non-fixed payments not	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part I	t that was subject to the initial	8		Х
a	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure desection 53 4958.6(c)?	escribed in Regulations			Y

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(t)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	mobyleoid (a)	(a) Branchaum of W 2 and low 1000 MISC community	aoiteancames O		oldendary (d)	VEN Total of any land	(F) Company
	Co Dicardom	אויייייייייייייייייייייייייייייייייייי	Compensation	C) Remembered	(b) NOT IT A A DIE	(E) lotal of columns (B)()-(D)	reported in prior
<b>(A)</b> Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	compensation			Form 990 or Form 990-EZ
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(ii)							
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(1)							
(ii)			!				
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(0)							
ВАА			TEEA4102L 02	02/02/10		Schec	Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open To Public Inspection

Employer identification number

ASSIST INTERNATIONAL, INC. 77-0243475 Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported Method of determining applicable Contributions on Form 990, revenues Part VIII, line 1g 1 Art-Works of art Art-Historical treasures 3 Art-Fractional interests 4 Books and publications 402,137. FMV Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property Securities-Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other 15 Real estate-Residential Real estate—Commercial 16 17 Real estate-Other 18 Collectibles 9,713. **FMV** Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (MEDICAL EQUIP X 13 3,447,582. FMV Х Other ► (COMPUTER EQUIP 2,756. FMV 26 1 Х 27 Other ► (OFFICE SUPPLIES 5 12,274. FMV Other ► (CONSTRUCTION FMV 5,539. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a Х b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a Х noncash contributions? b If 'Yes,' describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II	Supplemental Information. Complete this part to provide the information required by and 33. Also complete this part for any additional information.	/ Part I, lines 30b, 32b,
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TEEA4602L 07/21/09

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Schedule M (Form 990) 2009

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

ASSIST INTERNATIONAL, INC.	77-0243475
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	S, DIRECT
ROBERT PAGETT (PRESIDENT) AND CHARLENE PAGETT (EXECUTIVE ADMIN	ISTRATOR-FOUNDER) ARE
MARRIED. TIM REYNOLDS (VICE-PRESIDENT EXECUTIVE DIRECTOR) IS T	HE_SON-IN-LAW_OF
ROBERT_AND_CHARLENE_PAGETTBILL_CARMICHAEL_(VICE-PRESIDENT_OF	BOARD OF DIRECTORS)
IS THE BROTHER OF CHARLENE PAGETT.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE BOARD REVIEWS THE 990 BEFORE APPROVING	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	IENT OF CONFLICTS
MONITORING IS DONE FROM THE OFFICE OF THE PRESIDENT	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S FOR OFFICERS & KEY EMPLOYEES
BOARD REVIEWS AND APPROVES COMPENSATION	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
DOCUMENTS REQUIRED BY LAW TO BE AVAILABLE FOR PUBLIC INSPECTION	N ARE AVAILABLE UPON
REQUEST DURING REGULAR BUSINESS HOURS.	

Schedule <b>O</b> (Form 990) 2009	Page 2
Name of the organization ASSIST INTERNATIONAL, INC.	Employer identification number 77–0243475
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Mathematical mat	12/31/09	2	1 600	2009 FEDERAL		OOK	BOOK DEPRECIATION SCHEDULE	ECIA.	TION	SCHE	DULE				PAGE 1
STENDIFICAL   DATE   DATA   DATE   DATA   DATE					AS	SIST IN	ITERNA	IONAL,	NC.						7-0243475
NAT 12/21/97 22,000 3/L 5 34 34 34 1 35 34 34 34 34 34 34 34 34 34 34 34 34 34		DATE — ACQUIRED.		COST/ BASIS		!	1	1		SALVAG /BASIS REDUCT	DEPR BASIS	ĺ	METHOD_ 1	IEE _RATE	CURRENT
17.223/97 22.000 22.000 22.000 27.1 5 1996 SUBURBAN 12.223/97 12.239 22.000 22.000 22.000 22.000 27.1 5 1996 SUBURBAN 12.223/97 14,918 11,262 22.000 22.200	FORM 990/990-PF														
15/21/94   12/21/95   14,918	AUTO / TRANSPORT EQUIPMENT														
1997 FORD VAN         1977 199         14,918         11,356         57.1         5           2002 CHERY SUBURBAN         37,04/02         40,254         37,662         57,1         5           FORRULFT         112,2006         14,006         5,602         57,1         5           FORRULFT         112,2006         14,006         3,76         5,70         5           AUTO CHERY SUBURBAN         67,28/07         43,161         43,161         2,70         5         5         7         5           AUTO CHERY SUBURBAN         67,28/07         43,161         2         6         0         0         0         1,2398         5/1         5           LOINGS         3         43,161         3         43,161         3         5         5         5         5         5         5         5         6	ł	12/23/97		22,000							22,000	22,000	S/L	5	0
CORNILLY         1,000         40,254         33,684         5/L         5           FORKLIFT         12,200/G         14,006         46,254         33,684         5/L         5           FRUCK         12,200/G         14,006         43,161         15,000         8,790         5/L         5           AUTO - CHEVY SUBURBAN         6/28/70         43,161         16,300         0         0         0         0         115,306         8,790         5/L         5           AUTO - CHEVY SUBURBAN         6/28/70         43,161         1149,339         0         0         0         0         1149,339         94,200         5/L         5           LOINGS         AUTO - TRANSPORT EQUIP         12,09/79         559,500         0         0         0         0         149,339         94,200         5/L         5           MAREHOUSE         1,209/79         50,500         0         0         0         0         350,500         0         350,500         0         350,500         0         350,500         0         350,500         0         350,500         0         0         350,500         0         0         350,500         0         0         0         350,500		12/21/99		14,918							14,918	11,936	S/L	22	0
FORKLIFT 12/20/06 15/00		3/04/02		40,254							40,254	33,684	S/L	5	0
TRAUCK         2.710/G6         15,000         43,161         15,000         8,736         87.1         5           AUTO - CHEVY SUBURBAN         6/22/O7         43,161         16,339         8,71         5         7         5           TOTAL AUTO - TRANSPORT EQUIP         12/08/G9         559,500         0         0         0         0         145,339         84,920         7         5           LIDINGS         WAREHOUSE         12/08/G9         559,500         0         0         0         0         0         8,4,920         7 <td></td> <td>12/20/06</td> <td></td> <td>14,006</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>14,006</td> <td>5,602</td> <td>S/L</td> <td>5</td> <td>2,801</td>		12/20/06		14,006							14,006	5,602	S/L	5	2,801
ALITO - CHEYY SUBURBAN 6/28/07 43,161		2/10/06		15,000							15,000	8,750	S/L	2	3,000
Transport Equip   149,339   0   0   0   0   149,339   94,920	30 AUTO - CHEVY SUBURBAN	6/28/07	'	43,161							43,161	12,948	S/L	2	8,632
12/09/09   559,500	TOTAL AUTO / TRANSPORT EQUIP	•		149,339		0	0	0	0	0	149,339	94,920			14,433
12/09/09   559,500	BUILDINGS														
BUILDINGS   559,500   0   0   0   0   0   559,500   0   0   1,555	35 WAREHOUSE	12/09/09		559,500							559,500		S/L	30	1,554
Solution	TOTAL BUILDINGS		•	559,500	ı	0	0	0	,   		559,500	0		•	1,554
15/04   500   50	LAND														
500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 LAND	9/15/04		200							200				0
	TOTAL LAND			200	ţ	0	0	0	0	0	   005 	0		•	0
OFFICE EQUIPMENT       5/30/90       2,220       2,220       S/L       5         VIDEO CAMERA       8/01/96       1,283       1,283       S/L       5         COMPUTERS       6/01/98       3,077       3,077       3,077       5         HP LASER PRINTER       12/08/99       1,506       S/L       5	MACHINERY AND EQUIPMENT														
VIDEO CAMERA         8/01/96         1,283         1,283         S/L         5           COMPUTERS         6/01/98         3,077         3,077         3,077         5/L         5           HP LASER PRINTER         12/08/99         1,506         1,506         S/L         5		5/30/90		2,220							2,220	2,220	S/L	2	0
COMPUTERS         6/01/98         3,077         3,077         5,1         5           HP LASER PRINTER         12/08/99         1,506         S/L         5		96/10/8		1,283							1,283	1,283	S/L	5	0
HP LASER PRINTER 12/08/99 1,506 1,506 S/L 5		86/10/9		3,077							3,077	3,077	S/L	5	0
		12/08/99		1,506							1,506	1,506	S/L	S	0

12/31/09	2	9009 F	2009 FEDER	AL E	3000	( DEP	RECIA	TION	SCH	AL BOOK DEPRECIATION SCHEDULE				PAGE 2
				AS	SIST	NTERN	ASSIST INTERNATIONAL, INC.	INC.						77-0243475
NO. DESCRIPTION	DATE ACQUIRED.	DATE SOLD	COST/ BASIS	BUS	CUR 179 BONIIS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /Basis Reduct	DEPR BASIS	PRIOR DEPR.	METHOD	LIEE RATE	CURRENT TEDEPR
7 CAMERA - DIGITAL W/ACCESS	11/15/00		1,328							1,328	1,328	S/L	S	
8 DIGITAL CAMERA	2/20/02		773							773	773	S/L	S	
10 COMPAQ NOTEBOOK	9/04/03		2,272							2,272	2,272	S/L	က	
12 COMPUTERS	6/01/04		4,442							4,442	4,442	S/L	က	
13 DELL COMPUTER - SUE	8/26/05		1,713							1,713	1,713	S/L	က	
14 GATEWAY COMPUTER - EDIE	9/21/05		1,418							1,418	1,418	S/L	33	
15 DELL OFFICE COMPUTER	9/21/05		1,072							1,072	1,072	S/L	က	
16 ONTRACK DATA SERVER	9/23/05		8,355							8,355	8,355	S/L	က	
17 COMPUTER - EDIE	9/23/05		1,641							1,641	1,641	S/L	က	
18 FILE SERVER	9/23/05		5,607							5,607	2,607	S/L	က	
19 DONORPERFECT SOFTWARE	4/13/06		4,858							4,858	4,453	S/L	٣	405
20 DELL 9200	11/03/06		1,615							1,615	1,166	S/L	33	449
23 HP PRINTER	5/25/06		1,273							1,273	1,096	S/L	က	171
24 HP COLOR PRINTER	5/25/06		1,609							1,609	1,385	S/L	က	224
25 TRAVEL LAPTOP	90/08/9		1,853							1,853	1,545	S/L	ო	308
26 COMPUTER	4/28/06		1,590							1,590	1,413	S/L	က	177
32 COMPUTER	10/16/09		2,473							2,473		S/L	2	82
33 ROUTER	5/27/09		1,681							1,681		J/S	က	327
34 COMPUTER	9/03/09	•	1,474	ı	j				j	1,474		S/L	ო	164
TOTAL MACHINERY AND EQUIPME			55,133		0	0	0	0	0	55,133	47,765			2,313
WAREHOUSE														
27 WAREHOUSE	90/08/9		320,544							320,544	26,712	S/L	90	10,685
28 LAND	9/15/04		420,105							420,105				
29 WAREHOUSE	20/02/9		390,919							390,919	19,546	S/L	30	13,031
31 WAREHOUSE	80/08/9	•	929,069	,						690'656	15,984	S/L	30	31,969
TOTAL WAREHOUSE			2,090,637		0	0	0	0	0	2,090,637	62,242			55,685

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5 #	, • , •				 	 	 	
PÁGĘ 3	77-0243475	CURRENT DEPR	73,985	73,985				
		RATE						
		引						
		_METHODLIFE_RATE						
		PRIOR DEPR.	204,927	204,927				
BOOK DEPRECIATION SCHEDULE		DEPR BASIS	2,855,109	2,855,109				
SCHE		SALVAG VBASIS		0 0				
TION	NC.	PRIOR DEC. BAL DEPR.		:				
RECIA	ASSIST INTERNATIONAL, INC.	PRIOR 179/ BONUS/ SP. DEPR.	0	0				
K DEP	INTERNA	SPECIAL DEPR. ALLOW.	0	0				
B00	SSIST	CUR 179 BONUS	0	0				
AL	٨	BUS	l Oil	Φlt				
2009 FEDERAL		COST/ BASIS	2,855,109	2,855,109				
600		DATE						
2		DATE ACQUIRED						
		DESCRIPTION	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION				
12/31/09		ND.	TOTAL DEF	GRAND TO				

2009

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

ASSIST INTERNATIONAL, INC.

77-0243475

PART III, LII	IE 12 - OTHER	INCOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
MISCELLANEOUS REVENUE TOTAL	184,103.	161,125.	70,559.	283,875.	150,586.
	\$ 184,103.	\$ 161,125.	\$ 70,559.	\$ 283,875.	\$ 150,586.