

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2024Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning _____, and ending _____**

| | | |
|--|--|---|
| B Check if applicable: | C Name of organization INTERNATIONAL NEEDS | D Employer identification number 91-1080666 |
| <input type="checkbox"/> Address change | Doing business as | E Telephone number 616-209-5420 |
| <input type="checkbox"/> Name change | Number and street (or P.O. box if mail is not delivered to street address) 5570 32ND AVENUE | Room/suite |
| <input type="checkbox"/> Initial return | City or town, state or province, country, and ZIP or foreign postal code HUDSONVILLE MI 49426 | |
| <input type="checkbox"/> Final return/terminated | | G Gross receipts \$ 4,106,034 |
| <input type="checkbox"/> Amended return | | |
| <input type="checkbox"/> Application pending | F Name and address of principal officer: JOHNSON, JEFFREY 5570 32ND AVE HUDSONVILLE MI 49426 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | If "No," attach a list. See instructions |

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527J Website: **WWW.INTERNATIONALNEEDS.US**K Form of organization: Corporation Trust Association OtherL Year of formation: **1975** M State of legal domicile: **WA****Part I Summary**

| | | | |
|---|---|---------------------------|------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: INTERNATIONAL NEEDS HAS THE VISION TO TRANSFORM LIVES AND CHANGE COMMUNITIES BY HELPING CHRISTIAN NATIONALS SERVE BOTH GOD AND NEIGHBOR WITHIN THEIR OWN COUNTRIES. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | 3 | 11 |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 4 | 11 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 5 | 12 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 6 | 25 |
| | 6 Total number of volunteers (estimate if necessary) | 7a | 2,808 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7b | 1,808 |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | Prior Year | Current Year |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 3,978,242 | 3,979,362 |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 90,488 | 103,691 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 10,025 | 2,808 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,078,755 | 4,085,861 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 2,624,866 | 2,688,075 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 597,576 | 606,539 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 262,328 | |
| Net Assets or Fund Balances | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 498,961 | 529,358 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,721,403 | 3,823,972 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 357,352 | 261,889 |
| | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 3,521,558 | 3,774,246 |
| 21 Total liabilities (Part X, line 26) | 335,884 | 326,683 | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,185,674 | 3,447,563 | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign
Here**

Signature of officer

JOHNSON, JEFFREY

Date

PRESIDENT

Type or print name and title

| | | | | | |
|------------------------------|---|--|-------------------------|---|--------------------------|
| Paid Preparer Use Only | Preparer's name JAYNE E. VENLET | Preparer's signature JAYNE E. VENLET | Date 08/11/25 | Check <input type="checkbox"/> if self-employed | PTIN P00585722 |
| | Firm's name MEYAARD TOLMAN & VENLET P.C. | | | Firm's EIN 38-2598193 | |
| | Firm's address P.O. BOX 320 ZEELAND, MI 49464 | | | Phone no. | 616-772-1901 |

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

X Yes NoForm **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

INTERNATIONAL NEEDS HAS THE VISION TO TRANSFORM LIVES AND CHANGE COMMUNITIES BY HELPING CHRISTIAN NATIONALS SERVE BOTH GOD AND NEIGHBOR WITHIN THEIR OWN COUNTRIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
 Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
 Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,159,910 including grants of \$ 940,826) (Revenue \$)

EDUCATION SUPPORT - INTERNATIONAL NEEDS PROVIDES EDUCATION ASSISTANCE PROGRAMS DESIGNED TO PROVIDE SCHOOL SPONSORSHIP FOR PRIMARY AND SECONDARY SCHOOL CHILDREN IN AFRICA, LATIN AMERICA AND ASIA. OTHER EDUCATIONAL ASSISTANCE PROGRAMS INCLUDE SUPPORTING THE OPERATIONS OF SCHOOLS, PROVIDING TECHNOLOGY RESOURCES, AND TEACHER TRAINING AND SUPPORT FOR SCHOOLS ACROSS ASIA, AFRICA, CENTRAL EUROPE, AND LATIN AMERICA. IN ADDITION, AN EXTENSIVE NETWORK FOR SUPPORT IN THE AREA OF CHRISTIAN BASED THEOLOGICAL EDUCATION ASSISTANCE IS PROVIDED WITHIN THE SAME GEOGRAPHIC AREAS.

4b (Code:) (Expenses \$ 1,425,033 including grants of \$ 1,155,872) (Revenue \$)

GOSPEL OUTREACH - INTERNATIONAL NEEDS PROVIDES LOCALLY LED, CHRIST CENTERED, HOLISTIC MINISTRY PROGRAMS, CHURCH PLANTING INITIATIVES, AND EVANGELISTIC OUTREACHES DESIGNED TO SHARE THE GOSPEL OF JESUS CHRIST THROUGHOUT AFRICA, ASIA, LATIN AMERICA, EASTERN EUROPE, AND THE MIDDLE EAST. DESIGNED TO TRANSFORM LIVES AND CHANGE COMMUNITIES, THESE PROGRAMS INCLUDE MINISTRIES OF COMPASSION AND TARGET AREAS OF THE DEVELOPING WORLD THAT ARE ECONOMICALLY IMPOVERISHED, UNREACHED, OR CLOSED TO THE GOSPEL.

4c (Code:) (Expenses \$ 298,263 including grants of \$ 241,927) (Revenue \$)

ECONOMIC EMPOWERMENT - INTERNATIONAL NEEDS PROVIDES CHRISTIAN BASED ECONOMIC EMPOWERMENT ACTIVITIES DESIGNED TO PROMOTE AND ENHANCE LOCALLY SUSTAINABLE INCOME GENERATING ACTIVITIES THAT SUPPORT VULNERABLE WOMEN REFUGEES, YOUNG ADULTS AND THEIR FAMILIES IN AFRICA, ASIA, AND THE MIDDLE EAST. THESE ACTIVITIES ARE DESIGNED TO PROVIDE EACH PARTICIPANT WITH IMPROVED LIVELIHOOD CAPACITY THAT LESSENS THEIR RISK OF POVERTY RELATED ABUSE AND DISEASE.

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

(Expenses \$ 430,824 including grants of \$)

(Revenue \$)

4e Total program service expenses

(3,314,030)

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 1
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2
- 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
- 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 4
- 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 5
- 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 6
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8
- 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 9
- 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 10
- 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 11a
 - 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 11b
 - 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 11c
 - 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 11d
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e
 - 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 11f
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a
- 12b 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 12b
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a
- 14b 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 14b
- 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 15
- 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 16
- 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 17
- 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
- 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 19
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a
- 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b
- 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 21

Part IV Checklist of Required Schedules (continued)

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

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

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

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

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).

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

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

29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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

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.

| | Yes | No |
|-----|-----|----|
| 22 | X | |
| 23 | X | |
| 24a | X | |
| 24b | | |
| 24c | | |
| 24d | | |
| 25a | X | |
| 25b | X | |
| 26 | X | |
| 27 | X | |
| 28a | X | |
| 28b | X | |
| 28c | X | |
| 29 | X | |
| 30 | X | |
| 31 | X | |
| 32 | X | |
| 33 | X | |
| 34 | X | |
| 35a | X | |
| 35b | | |
| 36 | X | |
| 37 | X | |
| 38 | X | |

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

| | |
|----|----|
| 1a | 11 |
| 1b | 0 |
| 1c | |

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 | 12 |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | X |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | X |
| 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? | 7b | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | X |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | X |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | |
| 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? | 9a | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9b | |
| 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: | 10a | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10b | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | 11a | |
| a | Gross income from members or shareholders | 11b | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 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. | 13a | |
| 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 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, 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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or
if the governing body delegated broad authority to an executive committee or similar
committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

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?

b Each committee with authority to act on behalf of the governing body?

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

| | Yes | No |
|----|------------|-----------|
| 1a | 11 | |
| 1b | 11 | |
| 2 | | X |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7a | | X |
| 7b | | X |
| 8a | X | |
| 8b | X | |
| 9 | | X |

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

10a Did the organization have local chapters, branches, or affiliates?

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?

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?

| | Yes | No |
|-----|------------|-----------|
| 10a | | X |
| 10b | | |
| 11a | X | |
| 12a | X | |
| 12b | X | |
| 12c | X | |
| 13 | X | |
| 14 | X | |
| 15a | X | |
| 15b | X | |
| 16a | | X |
| 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MI, WA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

CHRIS VAN REGENMORTER**5570 32ND AVENUE****HUDSONVILLE****MI 49426****616-209-5420**

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|---------------------------------|--|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (1) BARTON, D. JAMES DIRECTOR EMERITUS | 1.00 0.00 | X | | | | | 0 | 0 | 0 |
| (2) BLACK, PHILLIP VICE CHAIR | 2.00 0.00 | X | X | | | | 0 | 0 | 0 |
| (3) BLEYER, MARK DIRECTOR | 1.00 0.00 | X | | | | | 0 | 0 | 0 |
| (4) VERWYS, WILLIAM DIRECTOR | 1.00 0.00 | X | | | | | 0 | 0 | 0 |
| (5) JOHNSON, JEFFREY PRESIDENT | 40.00 0.00 | X | X | | | | 118,633 | 0 | 24,159 |
| (6) KAMMINGA, RICK TREASURER | 4.00 0.00 | X | X | | | | 0 | 0 | 0 |
| (7) PARRISH, JEAN DIRECTOR | 1.00 0.00 | X | | | | | 0 | 0 | 0 |
| (8) SELFE, DR. ROBB DIRECTOR | 1.00 0.00 | X | | | | | 0 | 0 | 0 |
| (9) LEHMAN, MATT DIRECTOR | 1.00 0.00 | X | | | | | 0 | 0 | 0 |
| (10) WILLIAMS, JULIE CHAIR | 5.00 0.00 | X | X | | | | 0 | 0 | 0 |
| (11) SPARKS, RANDY DIRECTOR | 1.00 0.00 | X | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|---------------------------------|--|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (12) VAN HEKKEN, TERI | 2.00 | | | | | | | | |
| (12) SECRETARY | 0.00 | X | X | | | | 0 | 0 | 0 |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| (17) | | | | | | | | | |
| (18) | | | | | | | | | |
| (19) | | | | | | | | | |
| 1b Subtotal | | | | | | | 118,633 | | 24,159 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 118,633 | | 24,159 |
| 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 | 1 | | | | | | | | |

| | | Yes | No |
|--|--|-----|----|
| 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 | | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | 5 | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | 0 |

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|--|--|--|--------------------------------------|---|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f | 1a 1b 1c 1d 1e 1f 3,979,362 1g \$ 3,979,362 | | | |
| Program Service Revenue | 2a b c d e f All other program service revenue g Total. Add lines 2a-2f | | Business Code | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties | | | | 104,706 |
| | 6a Gross rents b Less: rental expenses c Rental inc. or (loss) d Net rental income or (loss) | 6a 21,966 6b 19,158 6c 2,808 2,808 | | | 104,706 |
| Other Revenue | 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales exps. c Gain or (loss) d Net gain or (loss) | 7a (i) Securities 7b 1,015 7c -1,015 -1,015 | | | 2,808 |
| | 8a Gross income from fundraising events (not including of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events | 8a 8b -1,015 | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities | 9a 9b -1,015 | | | |
| | 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory | 10a 10b -1,015 | | | |
| Miscellaneous Revenue | 11a b c d All other revenue e Total. Add lines 11a-11d | | Business Code | | |
| | 12 Total revenue. See instructions | 4,085,861 | -1,015 | 2,808 | 104,706 |

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 | | | | |
| 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 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 118,633 | 71,180 | 10,677 | 36,776 |
| 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 | 372,890 | 180,078 | 95,115 | 97,697 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 12,863 | 5,840 | 3,010 | 4,013 |
| 9 Other employee benefits | 66,072 | 22,966 | 26,472 | 16,634 |
| 10 Payroll taxes | 36,081 | 18,765 | 7,326 | 9,990 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O) | 228,061 | 132,696 | 26,289 | 69,076 |
| 12 Advertising and promotion | 474 | 308 | | 166 |
| 13 Office expenses | 80,254 | 41,227 | 32,963 | 6,064 |
| 14 Information technology | 33,331 | 21,533 | 8,068 | 3,730 |
| 15 Royalties | | | | |
| 16 Occupancy | 41,922 | 34,453 | 5,282 | 2,187 |
| 17 Travel | 52,911 | 29,181 | 12,477 | 11,253 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 13,953 | 5,422 | 3,789 | 4,742 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 17,921 | 14,336 | 3,585 | |
| 23 Insurance | 12,279 | 11,095 | 1,184 | |
| 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 PARTNERSHIP FEES | 35,000 | 35,000 | | |
| b MISCELLANEOUS | 2,552 | 1,875 | 677 | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 3,823,972 | 3,314,030 | 247,614 | 262,328 |
| 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 SheetCheck 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 | 200 | 1 | 200 |
| | 2 Savings and temporary cash investments | 1,450,672 | 2 | 1,710,635 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 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 | | 8 | |
| | 9 Prepaid expenses and deferred charges | 21,633 | 9 | 25,532 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 726,951 | | |
| | b Less: accumulated depreciation | 10b 178,022 | 10c 546,753 | 548,929 |
| | 11 Investments—publicly traded securities | 1,502,300 | 11 | 1,488,950 |
| | 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 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 3,521,558 | 16 | 3,774,246 | |
| Liabilities | 17 Accounts payable and accrued expenses | 49,866 | 17 | 50,102 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to 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 | | 23 | |
| | 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 | 286,018 | 25 | 276,581 |
| | 26 Total liabilities. Add lines 17 through 25 | 335,884 | 26 | 326,683 |
| 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 | 1,186,054 | 27 | 1,211,380 |
| | 28 Net assets with donor restrictions | 1,999,620 | 28 | 2,236,183 |
| | 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 | 3,185,674 | 32 | 3,447,563 |
| 33 Total liabilities and net assets/fund balances | 3,521,558 | 33 | 3,774,246 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

| | | |
|----|---|-----------|
| 1 | 1 | 4,085,861 |
| 2 | 2 | 3,823,972 |
| 3 | 3 | 261,889 |
| 4 | 4 | 3,185,674 |
| | 5 | |
| | 6 | |
| | 7 | |
| | 8 | |
| | 9 | |
| 10 | | 3,447,563 |

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? 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 | 2a | <input checked="" type="checkbox"/> |
| 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | <input checked="" type="checkbox"/> |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | <input checked="" type="checkbox"/> |
| 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3a | <input checked="" type="checkbox"/> |
| | 3b | |

SCHEDULE A
(Form 990)**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
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL NEEDS

Employer identification number

91-1080666**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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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.") | 3,243,752 | 3,571,206 | 4,069,185 | 3,978,242 | 3,979,362 | 18,841,747 |
| 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 | 3,243,752 | 3,571,206 | 4,069,185 | 3,978,242 | 3,979,362 | 18,841,747 |
| 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) | | | | | | 175,794 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 18,665,953 |

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 | 3,243,752 | 3,571,206 | 4,069,185 | 3,978,242 | 3,979,362 | 18,841,747 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,508 | 2,345 | 12,243 | 93,027 | 104,706 | 214,829 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 107,092 | | | 9,025 | 1,808 | 117,925 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 19,174,501 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 3,716 |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 97.35 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 97.63 % |
| 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"/> | |

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 | % |

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 | % |
| 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|-----|-----|----|
| 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)

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described on line 11a above?
- 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.

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

- 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.
- 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.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 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).

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 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).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- 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.

- 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.

- 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.
- 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.

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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). | | | |

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 (<i>describe in Part VI</i>). 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 underdistributions 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 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

Employer identification number

INTERNATIONAL NEEDS

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private 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% 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).

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

Employer identification number

INTERNATIONAL NEEDS**91-1080666****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?

 Yes No

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

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

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

 Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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 | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

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

Part V Endowment Funds

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

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

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

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

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

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

(i) Unrelated organizations?
 (ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|---|------------------------------------|---------------------------------|----------------|
| 1a Land | | 140,000 | | 140,000 |
| b Buildings | | 449,723 | 72,885 | 376,838 |
| c Leasehold improvements | | | | |
| d Equipment | 137,228 | | 105,137 | 32,091 |
| e Other | | | | |

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

548,929

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |

Total. (Column (b) must equal Form 990, Part X, 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. (Column (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) MORTGAGE PAYABLE | | 276,581 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))**276,581**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.

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 | 4,085,861 |
| 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 | 4,085,861 |
| 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 | 4,085,861 |

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 | 3,823,972 |
| 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 | 3,823,972 |
| 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 | 3,823,972 |

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.

**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

INTERNATIONAL NEEDS

Employer identification number

91-1080666**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 |
|---|-------------------------------------|--|--|--|--|
| MIDDLE EAST & NORTH AFRICA | | | PROGRAM SERVICES | MINISTRY | 127,758 |
| (1) SUB-SAHARAN AFRICA | | | PROGRAM SERVICES | MINISTRY | 1,454,090 |
| SOUTH ASIA | | | PROGRAM SERVICES | MINISTRY | 397,129 |
| EAST ASIA & THE PACIFIC | | | PROGRAM SERVICES | MINISTRY | 73,229 |
| EUROPE | | | PROGRAM SERVICES | MINISTRY | 472,918 |
| SOUTH AMERICA | | | PROGRAM SERVICES | MINISTRY | 162,951 |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | 2,688,075 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 2,688,075 |

Schedule F (Form 990) (Rev. 12-2024) INTERNATIONAL NEEDS**91-1080666**

Page 2

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 | MINISTRY ALLOCATIONS | | (g) Amount of noncash assistance | (h) Description of noncash assistance |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|
| | | | | | (e) Amount of cash grant | (f) Manner of cash disbursement | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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.

3 Enter total number of other organizations or entities

1

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

91-1080666

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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

Part V Supplemental Information

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 INTERNATIONAL NEEDS ORGANIZATIONS EXIST IN EACH OF THE SUPPORTED COUNTRIES. EACH IS UNDER THE AUTHORITY OF A LOCAL, AUTONOMOUS BOARD. EACH OF THE SUPPORTED COUNTRIES SUBMITS PROJECT FUNDING REQUESTS TO THE IN GLOBAL OFFICE THROUGH AN ELECTRONIC PROJECT MANAGEMENT SYSTEM CALLED MPM, TO WHICH ALL COUNTRIES HAVE ACCESS. FUNDING MAY BE PROVIDED BY THE USA OR ANOTHER FUNDING COUNTRY. APPROVED PROJECTS ARE MONITORED FROM CONCEPTION TO COMPLETION VIA THIS SYSTEM AS WELL AS THROUGH PERIODIC SITE VISITS BY IN USA STAFF, STAFF FROM OTHER FUNDING COUNTRIES, AND IN GLOBAL OFFICE STAFF. IN ADDITION, AN AUDIT IS REQUIRED ANNUALLY FOR EACH IN AFFILIATE, BOTH FUNDING COUNTRIES AND SUPPORTED COUNTRIES. THE GLOBAL OFFICE ALSO OPERATES A CENTRALIZED FUNDS TRANSFER SYSTEM, OVERSEEING THE COLLECTION AND DISBURSEMENT OF FUNDS UNDER THE OVERSIGHT OF AN EXECUTIVE COMMITTEE ELECTED BY THE MEMBER COUNTRIES. THIS INCLUDES OBTAINING MONTHLY E-MAIL CONFIRMATION FROM EACH RECEIVING MINISTRY THAT THE FUNDS HAVE BEEN RECEIVED. SO, THE GLOBAL OFFICE ACTS AS A "CLEARINGHOUSE" FOR BOTH THE FUNDING REQUEST PROCESS AS WELL AS THE FUNDS DISBURSEMENT PROCESS.

PART I, LINE 3 - ACTIVITIES PER REGION

| REGION | EXPENDITURES | INVESTMENTS |
|----------------------------|--------------|-------------|
| MIDDLE EAST & NORTH AFRICA | \$ 127,758 | \$ 0 |
| SUB-SAHARAN AFRICA | \$ 1,454,090 | \$ 0 |
| SOUTH ASIA | \$ 397,129 | \$ 0 |
| EAST ASIA & THE PACIFIC | \$ 73,229 | \$ 0 |
| EUROPE | \$ 472,918 | \$ 0 |
| SOUTH AMERICA | \$ 162,951 | \$ 0 |

PART V - ADDITIONAL INFORMATION

SCHEDULE F, PART I AND II: INTERNATIONAL NEEDS (USA) SENDS FUNDS VIA WIRE TRANSFERS TO INTERNATIONAL NEEDS, INC., AN AFFILIATED EXEMPT ORGANIZATION. THIS ORGANIZATION THEN DISBURSES THE FUNDS TO VARIOUS MINISTRY PROGRAMS IN THE REGIONS/FOREIGN COUNTRIES, AS REPORTED IN PART I OF SCHEDULE F.

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public
Inspection**

Name of the organization

Employer identification number

INTERNATIONAL NEEDS

91-1080666

FORM 990, PART I, LINE 6

THE BOARD OF DIRECTORS SERVE INTERNATIONAL NEEDS IN A VOLUNTEER CAPACITY. THERE ARE A NUMBER OF OTHER VOLUNTEERS WHO PROVIDE CLERICAL/OFFICE SERVICES.

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

INTERNATIONAL NEEDS WAS FOUNDED ON A VISION TO TRANSFORM LIVES AND CHANGE COMMUNITIES, HELPING CHRISTIAN LEADERS SERVE GOD THROUGH ASSISTING THE MOST VULNERABLE POPULATIONS WITHIN THEIR OWN COUNTRIES. THAT VISION HAS GROWN TO AN INTERNATIONAL NETWORK OF PARTNERSHIPS OF COUNTRIES IN AFRICA, ASIA, AUSTRALIA, EASTERN EUROPE AND NORTH AND SOUTH AMERICA. CHRISTIAN LEADERS THROUGHOUT THIS NETWORK HAVE UNITED TO CHANGE LIVES FOR JESUS CHRIST THROUGH A VARIETY OF FAITH-BASED HOLISTIC PROGRAMS AND PROJECTS FOCUSING ON GOSPEL OUTREACH, EDUCATION, HEALTH, ECONOMIC DEVELOPMENT, WATER AND SANITATION AND REFUGEE ASSISTANCE. PROGRAMS AND PROJECTS WITHIN THESE SERVICE AREAS TARGET THE MOST VULNERABLE AND NEEDY FAMILIES AND COMMUNITIES WITHIN THE COUNTRIES INTERNATIONAL NEEDS SERVE WHICH INCLUDE: BANGLADESH, BURKINA FASO, COLUMBIA, CZECH REPUBLIC, EGYPT, ETHIOPIA, GHANA, INDIA, KENYA, NEPAL, PHILIPPINES, ROMANIA, SLOVAKIA, TURKEY, UGANDA, VIETNAM, SRI LANKA, UNITED STATES AND ZAMBIA.

THE CENTERPIECE OF EVERYTHING INTERNATIONAL NEEDS DOES IS FAITH BASED, CHURCH PLANTING AND OUTREACH. TEAMS OF COMMUNITY WORKERS REACH INDIVIDUAL COMMUNITIES BRINGING THE LIFE-CHANGING MESSAGE OF JESUS CHRIST TO SOME OF THE MOST HARD-TO-REACH AREAS IN THE WORLD. EDUCATIONAL SUPPORT IS PROVIDED THROUGH CHILD SPONSORSHIP AND IS AN EXCELLENT EXAMPLE OF TRANSFORMING A PERSON'S LIFE OPENING UP OPPORTUNITIES THROUGH EDUCATIONAL ASSISTANCE. VOCATIONAL TRAINING PROGRAMS AND LEADERSHIP SEMINARS, PARTICULARLY AIMED AT VULNERABLE WOMEN AND THOSE ENSNARED IN POVERTY, TRANSFORM INDIVIDUALS AND THEIR FAMILIES BY PROVIDING SUSTAINABLE LIVELIHOODS POSITIVELY IMPACTING FAMILIES AND COMMUNITIES. SPECIAL PROJECTS SUCH AS DIGGING WELLS AND PROVIDING SANITATION SUPPORT OR BUILDING SCHOOLS HELP TRANSFORM ENTIRE COMMUNITIES FOR YEARS TO COME. WITHIN EACH OF THE COUNTRIES INTERNATIONAL NEEDS SERVES, NEEDY POPULATIONS OF REFUGEES AND INTERNATIONAL DISPLACED INDIVIDUALS ARE TARGETED FOR SPECIALIZED RELIEF AND SUPPORT SERVICES. WOVEN THROUGHOUT ALL OF THESE PROJECTS AND PROGRAMS IS A VERY CLEAR HOLISTIC AND PRACTICAL DEMONSTRATION AND PRESENTATION OF THE GOSPEL OF JESUS CHRIST. SHORT-TERM MINISTRY TEAMS AND CHURCH PARTNERSHIPS UNITE MINISTRY COUNTRIES WITH PEOPLE WHO LIVE IN THE UNITED STATES ALLOWING BOTH PARTIES TO GROW AND LEARN THROUGH THEIR INTERACTIONS WITH EACH OTHER.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT COPY OF THE PREPARED FORM 990 WAS PROVIDED TO MEMBERS OF THE FINANCE COMMITTEE FOR THEIR APPROVAL PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY.
THE POLICY HAS BEEN INCORPORATED INTO OUR EMPLOYEE HANDBOOK TO ENSURE ALL STAFF ARE AWARE OF AND WILL COMPLY WITH THIS POLICY.

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

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization:

INTERNATIONAL NEEDS

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**

Employer identification number

91-1080666

THE SALARY OF THE CEO/PRESIDENT IS DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS AT THEIR FALL MEETING, WITH SAID EMPLOYEE DISMISSED FROM THE ROOM DURING THIS DISCUSSION. ELEMENTS WITHIN THE DISCUSSION INCLUDE USE OF COMPARABLE COMPENSATION FOR SIMILAR ORGANIZATIONS AS WELL AS PERFORMANCE EVALUATION OF SAID INDIVIDUAL.

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THERE ARE NO EMPLOYEES THAT MEET THE DEFINITION OF A KEY EMPLOYEE.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ANNUAL FINANCIAL STATEMENT AUDIT AND FORM 990 ARE POSTED ON OUR WEBSITE.**

GOVERNING DOCUMENTS, SUCH AS INCORPORATION DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE READILY AVAILABLE UPON REQUEST.

Form 990-T

Department of the Treasury
Internal Revenue ServiceExempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | | | | |
|--|--|---|----------------------------------|---|
| A <input type="checkbox"/> Check box if address changed. | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) | | D Employer identification number | |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | | INTERNATIONAL NEEDS Number, street, and room or suite no. If a P.O. box, see instructions. 5570 32ND AVENUE City or town, state or province, country, and ZIP or foreign postal code HUDSONVILLE MI 49426 | | E Group exemption number (see instructions) |
| C Book value of all assets at end of year 3,774,246 | | | | F <input type="checkbox"/> Check box if an amended return. |
| G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | | | State college/university |
| | | 6417(d)(1)(A) Applicable entity | | |
| H Check if filing only to claim | | Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800 | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. | | | | |
| J Enter the number of attached Schedules A (Form 990-T) | | | | 1 |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

L The books are in care of **CHRIS VAN REGENMORTER** Telephone number **616-209-5420**

Part I Total Unrelated Business Taxable Income

| | | | |
|----|---|----|--------------|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 2,808 |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | 2,808 |
| 4 | Charitable contributions (see instructions for limitation rules) | 4 | |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 2,808 |
| 6 | Deduction for net operating loss. See instructions | 6 | 0 |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 2,808 |
| 8 | Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000 |
| 9 | Trusts. Section 199A deduction. See instructions | 9 | |
| 10 | Total deductions. Add lines 8 and 9 | 10 | 1,000 |
| 11 | Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 1,808 |

Part II Tax Computation

| | | | |
|----|--|----|------------|
| 1 | Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21) | 1 | 380 |
| 2 | Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | 0 |
| 3 | Proxy tax. See instructions | 3 | |
| 4a | Amount from Form 4255, Part I, line 3, column (q) | 4a | |
| b | Other tax amounts. See instructions | 4b | |
| 5 | Alternative minimum tax | 5 | |
| 6 | Tax on noncompliant facility income. See instructions | 6 | |
| 7 | Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 380 |

Part III Tax and Payments

| | | | |
|----|---|----|------------|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | |
| 1b | Other credits (see instructions) | 1b | |
| 1c | General business credit. Attach Form 3800 (see instructions) | 1c | |
| 1d | Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d | |
| e | Total credits. Add lines 1a through 1d | 1e | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | 380 |
| 3a | Amount from Form 4255, Part I, line 3, column (r) (see instructions) | 3a | |
| b | Amount due from Form 8611 | 3b | |
| c | Amount due from Form 8697 | 3c | |
| d | Amount due from Form 8866 | 3d | |
| e | Other amounts due (see instructions) | 3e | |
| f | Total amounts due. Add lines 3a through 3e | 3f | |
| 4 | Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | 380 |

For Paperwork Reduction Act Notice, see instructions.

DAA

Form 990-T (2024)

Part III Tax and Payments (continued)

| | | | |
|----|--|----------|-----|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | |
| 6a | Payments: Preceding year's overpayment credited to the current year | | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies | | |
| c | Tax deposited with Form 8868 | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | | |
| e | Backup withholding (see instructions) | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | |
| g | Elective payment election amount from Form 3800 | | |
| h | Payment from Form 2439 | | |
| i | Credit from Form 4136 | | |
| j | Other (see instructions) | | |
| 7 | Total payments. Add lines 6a through 6j | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | 380 |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax | Refunded | 11 |

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

| | | | |
|---|--|-----------------------------------|----|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | X | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year | \$ | |
| 4 | Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

6a Reserved for future use

b Reserved for future use

Part V Supplemental Information

Provide any additional information. See instructions.

| | | | |
|---|--|--|------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| | <input type="checkbox"/> May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| PRESIDENT | | | |
| Signature of officer | Date | Title | |
| Paid Preparer Use Only | Print/Type preparer's name JAYNE E. VENLET | Preparer's signature JAYNE E. VENLET | Date 08/11/25 |
| | Check <input type="checkbox"/> if self-employed | PTIN P00585722 | |
| Firm's name MEYARD TOLMAN & VENLET P.C. | Firm's EIN 38-2598193 | | |
| Firm's address P.O. BOX 320 ZEELAND, MI 49464 | Phone no. 616-772-1901 | | |

SCHEDULE A
(Form 990-T)**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations Only**A Name of the organization****INTERNATIONAL NEEDS****B Employer identification number**
91-1080666**C Unrelated business activity code (see instructions)****531120****D Sequence:** **1** of **1****E Describe the unrelated trade or business****UNRELATED BUSINESS ACTIVITY**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|--|-------------------|---------------------|----------------|
| 1a | Gross receipts or sales | | | |
| b | Less returns and allowances | c Balance | | |
| 2 | Cost of goods sold (Part III, line 8) | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | | |
| c | Capital loss deduction for trusts | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | | | |
| 6 | Rent income (Part IV) | 21,966 | 19,158 | 2,808 |
| 7 | Unrelated debt-financed income (Part V) | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | |
| 10 | Exploited exempt activity income (Part VIII) | | | |
| 11 | Advertising income (Part IX) | | | |
| 12 | Other income (see instructions; attach statement) | | | |
| 13 | Total. Combine lines 3 through 12 | 21,966 | 19,158 | 2,808 |

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

| | | | |
|----|--|----|-------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 | Salaries and wages | 2 | |
| 3 | Repairs and maintenance | 3 | |
| 4 | Bad debts | 4 | |
| 5 | Interest (attach statement). See instructions | 5 | |
| 6 | Taxes and licenses | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | 5,417 |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | 5,417 |
| 9 | Depletion | 8b | 0 |
| 10 | Contributions to deferred compensation plans | 9 | |
| 11 | Employee benefit programs | 10 | |
| 12 | Excess exempt expenses (Part VIII) | 11 | |
| 13 | Excess readership costs (Part IX) | 12 | |
| 14 | Other deductions (attach statement) | 13 | |
| 15 | Total deductions. Add lines 1 through 14 | 14 | |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 15 | |
| 17 | Deduction for net operating loss. See instructions | 16 | 2,808 |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 17 | |
| | | 18 | 2,808 |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

| | | |
|---|--|--|
| 1 | Inventory at beginning of year | 1 |
| 2 | Purchases | 2 |
| 3 | Cost of labor | 3 |
| 4 | Additional section 263A costs (attach statement) | 4 |
| 5 | Other costs (attach statement) | 5 |
| 6 | Total. Add lines 1 through 5 | 6 |
| 7 | Inventory at end of year | 7 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A 5570 32ND AVE
 B
 C
 D

HUDSONVILLE

MI 49426

| | A | B | C | D |
|---|---------------|---|---|---------------|
| 2 Rent received or accrued | 21,966 | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | 21,966 | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | | | | 21,966 |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) | 19,158 | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | | | | 19,158 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A
 B
 C
 D

| | A | B | C | D |
|--|---|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5. | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | |
| 11 Total dividends — received deductions included in line 10 | | | | |

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

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

Add columns 5 and 10.
Enter here and on Part I,
line 8, column (A).

Add columns 6 and 11.
Enter here and on Part I,
line 8, column (B).

Totals**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Add amounts in column 2.
Enter here and on Part I,
line 9, column (A).

Add amounts in column 5.
Enter here and on Part I,
line 9, column (B).

Totals**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

| | | |
|--|--|---|
| 1 Description of exploited activity: | | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | | 4 |
| 5 Gross income from activity that is not unrelated business income | | 5 |
| 6 Expenses attributable to income entered on line 5 | | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A
B
C
D

Enter amounts for each periodical listed above in the corresponding column.

| A | B | C | D |
|----------------------------|---|---|---|
| 2 Gross advertising income | | | |

a Add columns A through D. Enter here and on Part I, line 11, column (A)

3 Direct advertising costs by periodical

| | | | |
|--|--|--|--|
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | |
|--|--|--|--|

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

3456 INTERNATIONAL NEEDS
91-1080666
FYE: 12/31/2024

8/11/2025

Federal Statements

Unrelated Business Activity

Schedule A (990T), Part IV, Line 4 - Rent Expense Information

| Description | Deduction |
|------------------------|-----------|
| FACILITY RENTAL | \$ 1,077 |
| COMMISSIONS | 2,947 |
| INTEREST | 447 |
| INSURANCE | 950 |
| CLEANING & MAINTENANCE | 2,991 |
| REPAIRS | 3,563 |
| TAXES | 1,766 |
| UTILITIES | 5,417 |
| DEPRECIATION | |
| TOTAL | \$ 19,158 |

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.

OMB No. 1545-0172

2024Attachment
Sequence No. **179**Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number
91-1080666**INTERNATIONAL NEEDS**

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,220,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 3,050,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2023 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 | 13 | |

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

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

| | | | |
|----|--|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 23,342 |

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

| | | | |
|----|---|--------------------------|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2024 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | <input type="checkbox"/> | |

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 23,342 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|--|--------------------------------|-----------------|----------------|-------|---------|-------|----------------|---------|----------|----------------|---------------|
| Other Depreciation: | | | | | | | | | | | |
| 30 | Furniture - office expansion | 8/15/08 | 3,544 | | | | 3,544 | 7 | MO S/L | 3,544 | 0 |
| 39 | HP 500 COLOR PRINTER | 9/15/12 | 1,079 | | | | 1,079 | 5 | MO S/L | 1,079 | 0 |
| 41 | PAINTING/STRIPPING | 8/15/13 | 8,920 | | | | 8,920 | 10 | MO S/L | 8,920 | 0 |
| Mass Sale: 1/01/24 | | | | | | | | | | | |
| 42 | REPAIR WALLS/CEILING | 8/15/13 | 2,200 | | | | 2,200 | 10 | MO S/L | 2,200 | 0 |
| 43 | CARPETING | 8/15/13 | 18,170 | | | | 18,170 | 10 | MO S/L | 18,170 | 0 |
| 44 | DEMO WORK | 8/15/13 | 2,400 | | | | 2,400 | 10 | MO S/L | 2,400 | 0 |
| 45 | WORK STATIONS | 9/01/13 | 16,961 | | | | 16,961 | 10 | MO S/L | 16,961 | 0 |
| 47 | RODYS DESK/FURNITURE | 9/01/13 | 3,850 | | | | 3,850 | 10 | MO S/L | 3,850 | 0 |
| 50 | DESIGN FEES | 8/15/13 | 1,500 | | | | 1,500 | 10 | MO S/L | 1,500 | 0 |
| 51 | ELECTRICAL WORK | 8/15/13 | 7,479 | | | | 7,479 | 10 | MO S/L | 7,479 | 0 |
| 54 | CONFERENCE RM TABLE | 9/01/13 | 500 | | | | 500 | 10 | MO S/L | 500 | 0 |
| 55 | CHAIRS & FILE CABINETS | 9/01/13 | 3,109 | | | | 3,109 | 10 | MO S/L | 3,109 | 0 |
| 56 | CONF RM TV & CAMERA | 9/01/13 | 1,307 | | | | 1,307 | 5 | MO S/L | 1,307 | 0 |
| 57 | FOLDING CHAIRS | 8/15/13 | 510 | | | | 510 | 10 | MO S/L | 510 | 0 |
| 58 | DECOR | 9/01/13 | 4,584 | | | | 4,584 | 10 | MO S/L | 4,584 | 0 |
| 60 | LOBBY CHAIRS | 9/01/13 | 896 | | | | 896 | 10 | MO S/L | 896 | 0 |
| 61 | RELOCATE,REBLD OFFICE FURN | 9/01/13 | 3,251 | | | | 3,251 | 10 | MO S/L | 3,251 | 0 |
| 64 | OFFICE FURN - TERI'S OFFICE | 5/06/14 | 1,520 | | | | 1,520 | 10 | MO S/L | 1,469 | 51 |
| 70 | Dell Optiplex computer - Chris | 7/25/18 | 1,100 | | | | 1,100 | 5 | MO S/L | 1,100 | 0 |
| Mass Sale: 1/01/24 | | | | | | | | | | | |
| 73 | Dell Latitude Laptop- Jeff | 6/06/18 | 2,461 | | | | 2,461 | 5 | MO S/L | 2,461 | 0 |
| Mass Sale: 1/01/24 | | | | | | | | | | | |
| 76 | IPECS Phone System | 4/23/18 | 5,934 | | | | 5,934 | 10 | MO S/L | 3,363 | 593 |
| 77 | NEW WEBSITE | 12/31/18 | 5,000 | | | | 5,000 | 3 | MO Amort | 5,000 | 0 |
| 79 | DELL OPTIPLEX - JULIE | 8/01/19 | 1,421 | | | | 1,421 | 5 | MO S/L | 1,255 | 166 |
| 81 | DELL LATITUDE LAPTOP - TRENT | 2/01/19 | 1,968 | | | | 1,968 | 5 | MO S/L | 1,935 | 0 |
| Mass Sale: 1/01/24 | | | | | | | | | | | |
| 82 | DELL LATITUDE LAPTOP - SARAH | 6/05/19 | 2,824 | | | | 2,824 | 5 | MO S/L | 2,589 | 0 |
| Mass Sale: 1/01/24 | | | | | | | | | | | |
| 83 | ELEVATOR UP WEBSITE | 3/03/19 | 35,000 | | | | 35,000 | 3 | MO Amort | 35,000 | 0 |
| 84 | DELL LAPTOP | 5/01/20 | 1,899 | | | | 1,899 | 5 | MO S/L | 1,392 | 380 |
| 85 | DELL LATITUDE LAPTOP | 9/23/20 | 2,239 | | | | 2,239 | 5 | MO S/L | 1,455 | 37 |
| Sold/Scrapped: 2/13/24 | | | | | | | | | | | |
| 86 | Dell laptop - CChris | 2/15/21 | 2,361 | | | | 2,361 | 3 | MO S/L | 2,295 | 66 |
| 87 | Dell laptop - Heather | 6/09/21 | 2,159 | | | | 2,159 | 3 | MO S/L | 1,859 | 300 |
| 88 | Dell laptop - Jen | 6/09/21 | 2,159 | | | | 2,159 | 3 | MO S/L | 1,859 | 300 |
| 89 | DELL LAPTOP JODIE MT4414 | 1/02/22 | 2,144 | | | | 2,144 | 3 | MO S/L | 1,429 | 715 |
| 90 | DELL LAPTOP LINDA MT4434 | 2/01/22 | 2,308 | | | | 2,308 | 3 | MO S/L | 1,475 | 769 |
| 91 | DELL LAPTOP JEFF MT4372 | 3/01/22 | 2,418 | | | | 2,418 | 3 | MO S/L | 1,478 | 806 |
| 92 | BUILDING | 5/18/22 | 307,856 | | | | 307,856 | 39 | MO S/L | 12,498 | 7,894 |
| 93 | LAND | 5/18/22 | 140,000 | | | | 140,000 | 0 | -- Land | 0 | 0 |
| 94 | BACK ENTRANCE AWNING | 6/17/22 | 2,100 | | | | 2,100 | 10 | MO S/L | 315 | 210 |
| 95 | SOUTHSIDE RENOV-new tenant | 7/21/22 | 26,833 | | | | 26,833 | 10 | MO S/L | 3,801 | 2,684 |
| 96 | KITCHENETTE | 7/21/22 | 5,726 | | | | 5,726 | 15 | MO S/L | 541 | 382 |
| 97 | EXT WALL REPAIRS,WATERPROOFIN | 6/01/22 | 19,600 | | | | 19,600 | 15 | MO S/L | 2,069 | 1,307 |
| 98 | NEW SIGN | 6/01/22 | 4,230 | | | | 4,230 | 10 | MO S/L | 670 | 423 |
| 99 | HVAC - SOUTH SIDE | 7/21/22 | 10,950 | | | | 10,950 | 15 | MO S/L | 1,034 | 730 |
| 100 | HVAC ZONING SYSTEM | 7/21/22 | 15,000 | | | | 15,000 | 39 | MO S/L | 545 | 385 |
| 101 | ROOF EDGE REPAIRS | 6/15/22 | 6,500 | | | | 6,500 | 20 | MO S/L | 515 | 325 |
| 102 | ELECTRICAL WORK | 7/21/22 | 5,320 | | | | 5,320 | 39 | MO S/L | 193 | 137 |
| 103 | WATER HEATER & PLUMBING | 7/21/22 | 3,200 | | | | 3,200 | 10 | MO S/L | 453 | 320 |
| 104 | PARKING LOT IMPRVMT & STRIPING | 7/01/22 | 5,081 | | | | 5,081 | 5 | MO S/L | 1,524 | 1,017 |
| 105 | 6 GAL WATER HEATER | 10/06/22 | 1,358 | | | | 1,358 | 10 | MO S/L | 170 | 135 |
| 106 | DELL LAPTOP SAMANTHA MT5019 | 2/22/23 | 1,434 | | | | 1,434 | 3 | MO S/L | 398 | 478 |
| 108 | DELL LAPTOP JENN MT5019 | 8/18/23 | 1,505 | | | | 1,505 | 3 | MO S/L | 167 | 502 |
| 109 | KEYCARD ACCESS SYS | 4/21/23 | 2,540 | | | | 2,540 | 5 | MO S/L | 339 | 508 |
| 110 | CLOUD BASED SERVER | 9/29/23 | 5,530 | | | | 5,530 | 5 | MO S/L | 276 | 1,106 |
| 111 | LAPTOP-Chris MT5454 | 2/13/24 | 1,598 | | | | 1,598 | 5 | MO S/L | 0 | 293 |
| 112 | LAPTOP MT5562 IZZY | 4/16/24 | 2,320 | | | | 2,320 | 5 | MO S/L | 0 | 309 |
| 113 | NEW WEBSITE DEPOSITS | 8/15/24 | 20,930 | | | | 20,930 | 3 | -- Memo | 0 | 0 |
| 114 | CONFERENCE ROOM CHAIRS | 12/10/24 | 1,680 | | | | 1,680 | 10 | MO S/L | 0 | 14 |
| Total Other Depreciation | | | 746,466 | | | | 746,466 | | | 173.182 | 23,342 |
| Total ACRS and Other Depreciation | | | 746,466 | | | | 746,466 | | | 173.182 | 23,342 |

| | | |
|------------------------------------|---|-------------|
| Form 990-T | Business Income Activity Summary | 2024 |
| Name INTERNATIONAL NEEDS | Taxpayer Identification Number 91-1080666 | |

Business Activity Income (and allocation of Prior-2018 NOL)

| | | |
|--|-----|----------|
| A. Total Pre-2018 Net Operating Losses Carried Forward | N/A | A. _____ |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | | B. _____ |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | | C. _____ |
| D. Pre-2018 Applied (Sum of B and C) | | D. _____ |
| E. Pre-2018 Remaining (Line A minus Line D) | | E. _____ |
| F. Pre-2018 Net Operating Losses Expiring this Year | | F. _____ |
| G. Pre-2018 Net Operating Losses Carried Forward | | G. _____ |

| Unrelated Business Income Activity with Income | Code | Net Income | Allocated Pre2018 NOL |
|--|---------------|------------------|-----------------------|
| 1. UNRELATED BUSINESS ACTIVITY | 531120 | 1. 2,808 | |
| 2. | | 2. | |
| 3. | | 3. | |
| 4. | | 4. | |
| 5. | | 5. | |
| 6. | | 6. | |
| 7. | | 7. | |
| 8. | | 8. | |
| 9. | | 9. | |
| 10. | | 10. | |
| 11. | | 11. | |
| 12. | | 12. | |
| 13. | | 13. | |
| 14. | | 14. | |
| 15. All other revenue | | 15. | |
| 16. Total taxable income | | 16. 2,808 | |

Business Activity Losses

| Unrelated Business Income Activity with Losses | Code | Current Year Loss |
|--|------|-------------------|
| 1. | | 1. _____ |
| 2. | | 2. _____ |
| 3. | | 3. _____ |
| 4. | | 4. _____ |
| 5. All other activities | | 5. _____ |
| 6. Totals | | 6. _____ |

3456 INTERNATIONAL NEEDS
91-1080666
FYE: 12/31/2024

8/11/2025

Federal Statements

Taxable Interest on Investments

| Description | Amount | Unrelated Business | Exclusion Code | Postal Code | Acquired after 6/30/75 | US Obs (\$ or %) |
|-----------------|------------|--------------------|----------------|-------------|------------------------|------------------|
| INTEREST INCOME | \$ 104,706 | | | | 14 | |
| TOTAL | \$ 104,706 | | | | | |

3456 INTERNATIONAL NEEDS
91-1080666
FYE: 12/31/2024

Federal Statements

8/11/2025

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|----------------|-------------------|-------------------|----------------------|------------------|
| CONTRACT LABOR | \$ 9,000 | | | \$ 9,000 |
| STRATEGIC PLAN | \$ 73,000 | | | \$ 24,090 |
| CONSULTANTS | \$ 146,061 | | | \$ 35,986 |
| TOTAL | \$ 228,061 | \$ 132,696 | \$ 26,289 | \$ 69,076 |