

SOS INTERNATIONAL, INC.

**Return Of Organization
Exempt From Income Tax**

June 30, 2020

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number
**** - ***4272**

Name and title of officer
SOS INTERNATIONAL, INC.
DENISE SEARS
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>5,779,208</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

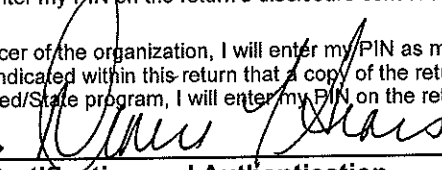
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HENDERMAN, JESSEE AND CO., PLLC to enter my PIN 40206 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 05/05/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/05/21

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990**
(Rev. January 2020)
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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">SOS INTERNATIONAL, INC.</p> Doing business as SOS Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1500 ARLINGTON AVENUE</p> City or town, state or province, country, and ZIP or foreign postal code <p>LOUISVILLE KY 40206</p>		D Employer identification number <p align="center">** - ***4272</p>
	F Name and address of principal officer: <p>DENISE SEARS 1500 ARLINGTON AVE LOUISVILLE KY 40206</p>		E Telephone number <p align="center">502-736-6360</p>
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 5,956,286
	J Website: WWW.SOSHEALTHANDHOPE.ORG		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)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2010 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">TO IMPOROVE GLOBAL HEALTH AND THE ENVIRONMENT THROUGH RECOVERY AND REDISTRIBUTION OF SURPLUS MEDICAL SUPPLIES.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	14	
	4	14	
	5	15	
	6	1939	
	7a	0	
7b	0		
Revenue	8	3,455,852	5,423,686
	9	78,046	46,370
	10	40,397	45,744
	11	114,409	263,408
	12	3,688,704	5,779,208
	12	2,740,602	5,092,277
Expenses	13		0
	14		0
	15	391,426	450,035
	16a		0
	16b	110,848	
	17	361,534	275,168
Net Assets or Fund Balances	18	3,493,562	5,817,480
	18	195,142	-38,272
	19		
	19	195,142	-38,272
Net Assets or Fund Balances	20	5,198,182	6,746,375
	21	581,742	800,957
	22	4,616,440	5,945,418

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 <p align="center">DENISE SEARS</p> Type or print name and title	Date <p align="center">PRESIDENT & CEO</p>
	Print/Type preparer's name <p>WILLIAM J. JESSEE</p>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN *****
Paid Preparer Use Only	Firm's EIN <p align="center">** - ***0913</p>	Phone no. <p align="center">502-425-4800</p>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE GLOBAL HEALTH AND THE ENVIRONMENT THROUGH RECOVERY AND REDISTRIBUTION OF SURPLUS MEDICAL SUPPLIES.

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 \$ **5,627,410** including grants of \$ **5,092,277**) (Revenue \$ **46,370**)

PROMOTE ENVIRONMENTAL STEWARDSHIP AND IMPROVE ACCESS TO MEDICAL CARE IN DEVELOPING COUNTRIES BY RECOVERING, PROCESSING AND RESPONSIBLY REDISTRIBUTING SURPLUS MEDICAL SUPPLIES AND EQUIPMENT THAT WOULD END UP IN AREA LANDFILLS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **5,627,410**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
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	X	
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		X
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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
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?		

Section C. Disclosure

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

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 **►**
SOS INTERNATIONAL, INC
1500 ARLINGTON AVENUE
LOUISVILLE
KY 40206-3177 502-736-6360

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN POTTS, MD CHAIR	2.00 0.00	X		X				0	0	0
(2) MARK CARTER VICE CHAIR	0.50 0.00	X		X				0	0	0
(3) LARRY CASHEN SECRETARY/TREASURER	0.50 0.00	X		X				0	0	0
(4) SUE DAVIS SECRETARY	0.50 0.00	X		X				0	0	0
(5) JOHN BROTHERS DIRECTOR	0.50 0.00	X						0	0	0
(6) RICHARD DEATS DIRECTOR	0.50 0.00	X						0	0	0
(7) CINDY GUELTZOW DIRECTOR	0.50 0.00	X						0	0	0
(8) JAMES HENDON DIRECTOR	0.50 0.00	X						0	0	0
(9) ALLEN MONTGOMERY DIRECTOR	0.50 0.00	X						0	0	0
(10) JAMES PERRY DIRECTOR	0.50 0.00	X						0	0	0
(11) OJ OLEKA DIRECTOR	0.50 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) K. THOMAS REICHARD, MD	0.50									
DIRECTOR	0.00	X					0	0	0	
(13) BETHANY HODGE, MD	0.50									
DIRECTOR	0.00	X					0	0	0	
(14) PETER DIAKOV	0.50									
DIRECTOR	0.00	X					0	0	0	
(15) DENISE SEARS	40.00									
PRESIDENT & CEO	0.00			X			86,635	0	3,600	
1b Subtotal							86,635		3,600	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							86,635		3,600	

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 **0**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	32,802				
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	5,390,884				
	1g	Noncash contributions included in lines 1a-1f	\$ 4,825,853				
	h Total. Add lines 1a-1f			5,423,686			
Program Service Revenue	2a SHIPPING REVENUE		46,370	46,370			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f			46,370			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,973			16,973	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a	(i) Real					
		(ii) Personal					
		6a Gross rents					
	6b	Less: rental expenses					
	6c	Rental inc. or (loss)					
	d Net rental income or (loss)						
	7a	(i) Securities					
		(ii) Other		190,446			
		7a Gross amount from sales of assets other than inventory					
	7b	Less: cost or other basis and sales exps.		161,675			
	7c	Gain or (loss)		28,771	28,771		
d Net gain or (loss)			28,771	28,771			
8a	Gross income from fundraising events (not including \$ 32,802 of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses		15,403				
c Net income or (loss) from fundraising events			-15,403				
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances		265,140				
10b	Less: cost of goods sold						
c Net income or (loss) from sales of inventory			265,140	265,140			
Miscellaneous Revenue	11a MISCELLANEOUS INCOME		12,074	12,074			
	b RECYCLING		1,770	1,770			
	c COMMUNITY FOUNDATION		-173	-173			
	d All other revenue						
	e Total. Add lines 11a-11d			13,671			
12 Total revenue. See instructions			5,779,208	353,952	0	16,973	

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	5,092,277	5,092,277		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,623	67,967	7,250	15,406
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	304,184	228,138	24,335	51,711
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	25,098	18,852	3,930	2,316
10 Payroll taxes	30,130	22,598	2,410	5,122
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,788		17,788	
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.)	14,490		3,622	10,868
12 Advertising and promotion	24,656	1,232	4,931	18,493
13 Office expenses	13,501	9,408	2,779	1,314
14 Information technology	2,957	2,218	443	296
15 Royalties				
16 Occupancy	36,227	33,460	1,383	1,384
17 Travel	15,551	13,241	1,386	924
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,385	16,547	919	919
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,301	32,671	1,815	1,815
23 Insurance	12,783	11,505	1,278	
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 SHIPPING	65,704	65,704		
b OTHER EXPENSES	16,052	11,012	4,760	280
c LICENSES	773	580	193	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,817,480	5,627,410	79,222	110,848
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	75,580	1	481,731
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,500	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	3,749,880	8	4,894,165
	9 Prepaid expenses and deferred charges	8,326	9	8,725
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 939,636		
	b Less: accumulated depreciation	10b 183,877	754,586	10c 755,759
	11 Investments—publicly traded securities	600,310	11	605,995
	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)	5,198,182	16	6,746,375	
Liabilities	17 Accounts payable and accrued expenses	32,278	17	55,599
	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	549,464	23	745,358
	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		25	
	26 Total liabilities. Add lines 17 through 25	581,742	26	800,957
	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		4,568,830	27	5,901,070
28 Net assets with donor restrictions		47,610	28	44,348
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		4,616,440	32	5,945,418
33 Total liabilities and net assets/fund balances	5,198,182	33	6,746,375	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	5,779,208
2	Total expenses (must equal Part IX, column (A), line 25)	5,817,480
3	Revenue less expenses. Subtract line 2 from line 1	-38,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4,616,440
5	Net unrealized gains (losses) on investments	-33,979
6	Donated services and use of facilities	
7	Investment expenses	-6,211
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	1,407,440
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	5,945,418

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,663,654	3,462,639	3,251,614	3,455,851	5,423,688	18,257,446
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	2,663,654	3,462,639	3,251,614	3,455,851	5,423,688	18,257,446
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						18,257,446

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,663,654	3,462,639	3,251,614	3,455,851	5,423,688	18,257,446
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,162	64,682	46,363	36,777	5,380	161,364
9 Net income from unrelated business activities, whether or not the business is regularly carried on					15,973	15,973
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	112,660	177,115	210,453	221,884	325,355	1,047,467
11 Total support. Add lines 7 through 10						19,482,250
12 Gross receipts from related activities, etc. (see instructions)					12	757,090
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	93.71%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	94.34%
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b 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)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c 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)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b 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?
5c 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?
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?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
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))?
9b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?
9c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
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)?
10b 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.)

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), 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.		
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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) 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 (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 1,047,467

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

OMB No. 1545-0047

2019

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

PAGE 1 OF 2

Page 2

Name of organization

SOS INTERNATIONAL, INC.

Employer identification number

-*4272

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRIHEALTH 619 OAK STREET CINCINNATI OH 45206	\$ 187,417	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NORTON HOSPITALS 224 EAST BROADWAY LOUISVILLE KY 40202	\$ 696,748	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	BAPTIST HEALTH KENTUCKY 2701 EASTPOINT PARKWAY LOUISVILLE KY 40223	\$ 1,206,424	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNIVERSITY OF LOUISVILLE HOSPITAL 530 S JACKSON STREET LOUISVILLE KY 40202	\$ 524,413	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	MERCY HEALTH 3300 MERCY HEALTH BLVD CINCINNATI OH 45211	\$ 337,591	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	ST. THOMAS HEALTH SERVICES NASHVILLE 566 MAINSTREAM DR NASHVILLE TN 37228	\$ 371,727	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

SOS INTERNATIONAL, INC.

Employer identification number

-*4272

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHI SAINT JOSEPH HEALTH ONE SAINT JOSEPH DRIVE LEXINGTON KY 40504	\$ 221,490	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
SOS INTERNATIONAL, INC.

Employer identification number
****-***4272**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES AND EQUIPMENT	\$ 187,417	06/30/20
2	MEDICAL SUPPLIES AND EQUIPMENT	\$ 691,748	06/30/20
3	MEDICAL SUPPLIES AND EQUIPMENT	\$ 1,206,424	06/30/20
4	MEDICAL SUPPLIES AND EQUIPMENT	\$ 524,413	06/30/20
5	MEDICAL SUPPLIES AND EQUIPMENT	\$ 337,591	06/30/20
6	MEDICAL SUPPLIES AND EQUIPMENT	\$ 353,727	06/30/20

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
SOS INTERNATIONAL, INC.

Employer identification number
****-***4272**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEDICAL SUPPLIES AND EQUIPMENT	\$ 206,490 06/30/20
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

SCHEDULE D (Form 990)

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

2019

Open to Public Inspection

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

-*4272

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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, 1b 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, 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.

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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	600,310	624,594	589,966	525,284	479,579
b Contributions	306	3,667	611		37,975
c Net investment earnings, gains, and losses	11,763	43,282	52,896	70,793	11,867
d Grants or scholarships	173				
e Other expenditures for facilities and programs		64,935	12,571	694	157
f Administrative expenses	6,211	6,298	6,308	5,417	3,980
g End of year balance	605,995	600,310	624,594	589,966	525,284

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **▶ 100.00 %**
 - 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:
- | | Yes | No |
|---------------------------------------------------------------------------------------------|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,000		225,000
b Buildings		552,827	68,917	483,910
c Leasehold improvements				
d Equipment		161,809	114,960	46,849
e Other				755,759

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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.

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

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	5,896,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-33,979	
b	Donated services and use of facilities	2b	157,258	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	123,279	
3	Subtract line 2e from line 1	3	5,772,997	
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	6,211	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	6,211	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,779,208	

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	5,974,738
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	157,258	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	157,258	
3	Subtract line 2e from line 1	3	5,817,480	
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	5,817,480	

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

SOS IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 501(C)(3) OF HTE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND HAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2020 AND 2019. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

MANAGEMENT IS NOT AWARE OF ANY UNCERATAIN TAX POSITIONS. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED.

Part XIII Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

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
CENTRAL AMERICAN AND CARIBBEAN			PROGRAM SERVICES	DELIVERED SUPPLIES	39,508
(1) CHINA			PROGRAM SERVICES	DELIVERED SUPPLIES	280,620
(2) INDIA			PROGRAM SERVICES	DELIVERED SUPPLIES	226,955
(3) NORTH AMERICA			PROGRAM SERVICES	DELIVERED SUPPLIES	1,665,963
(4) SOUTH AMERICA			PROGRAM SERVICES	DELIVERED SUPPLIES	13,200
(5) SUB-SAHARAN AFRICA			PROGRAM SERVICES	DELIVERED SUPPLIES	2,464,949
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					4,691,195
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,691,195

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

Schedule F (Form 990) 2019 **SOS INTERNATIONAL, INC.** ** - ** * 4272

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				MEDICAL SUPPLIES AND		N/A	5,092,277	MEDICAL SUPPLIE	ESTIMATED
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

** - * * * * 4272

Schedule F (Form 990) 2019 SOS INTERNATIONAL, INC.

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

Part V Supplemental information

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

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICAN AND CARIBBEAN	\$ 39,508	\$ 0
CHINA	\$ 280,620	\$ 0
INDIA	\$ 226,955	\$ 0
NORTH AMERICA	\$ 1,665,963	\$ 0
SOUTH AMERICA	\$ 13,200	\$ 0
SUB-SAHARAN AFRICA	\$ 2,464,949	\$ 0

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HEALTH AND HOPE (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	30,825			30,825
	2	30,825			30,825
	3				
Direct Expenses	4				
	5				
	6	8,118			8,118
	7				
	8				
	9	4,710			4,710
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-12,828

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____ Yes No
 a Is the organization licensed to conduct gaming activities in each of these states? _____
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

****-***4272**

SOS INTERNATIONAL, INC.

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	4,825,853	ESTIMATE OF FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 TAX RETURN IS PREPARED BY AN INDEPENDENT CPA FIRM BASED ON THE
INFORMATION OBTAINED FROM THE AUDIT AND INQUIRIES FROM MANAGEMENT. BEFORE
THE RETURN IS FILED, A DRAFT OF THE TAX RETURN IS REVIEWED BY THE BOARD OF
SOS INTERNATIONAL. THE TAX RETURN IS THEN FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ON AN ANNUAL BASIS EACH MEMBER OF THE BOARD OF DIRECTORS ARE REQUIRED TO
SIGN A CONFLICT OF INTEREST FORM. IF THE FORM INDICATES A POSSIBLE
CONFLICT OF INTEREST, THE INCIDENT IS THOROUGHLY REVIEWED. IF THERE IS A
PERCEIVED CONFLICT, THE MEMBER WILL NOT BE ABLE TO PARTICIPATE (INCLUDING
SERVING ON A COMMITTEE) ON ANY DECISION RELATING TO THE CONFLICT. IF A
SIGNIFICANT CONFLICT IS NOTED THE BOARD MEMBER WILL BE ASKED TO RESIGN.
PERIODICALLY THROUGHOUT THE YEAR POSSIBLE CONFLICTS ARE REVIEWED AND
RESOLVED AS NECESSARY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE SALARY FOR THE CEO WAS AGREED UPON BY THE BOARD AFTER A REVIEW OF
SALARY DATA COMPARISONS. THERE ARE NO OTHER KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE
BOARD RECEIVES AND REVIEWS THE MONTHLY INTERIM COMPILED FINANCIAL
STATEMENTS AND THE ANNUAL AUDITED FINANCIAL STATEMENTS. ANY QUESTIONS ARE

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

** - ***4272

DIRECTED TO THE CEO.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

INCREASE IN PY INVENTORY VALUATION \$ 1,407,440

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return

Identifying number
**** - ***4272**

SOS INTERNATIONAL, INC.

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
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 2018 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 2020. 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	15,160

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 2019	17	21,141
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		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 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	36,301
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)
THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	ALUMINUM LADDER	7/01/10	69		X	34	7 HY 200DB	69	0
2	FIBERGLASS LADDER	7/21/10	300		X	150	7 HY 200DB	300	0
3	GARBAGE CANS (10)	7/01/10	500		X	250	7 HY 200DB	500	0
4	METAL SHELVING	7/21/10	4,500		X	2,250	7 HY 200DB	4,500	0
5	RACKING	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
6	HAND CARTS	7/21/10	1,000		X	500	7 HY 200DB	1,000	0
7	PALLET JACKS (3)	7/21/10	1,350		X	675	7 HY 200DB	1,350	0
8	STEEL HAND TRUCKS (5)	7/21/10	750		X	375	7 HY 200DB	750	0
9	ELECTRIC FORK LIFT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
10	FORK LIFT CHARGER	7/21/10	600		X	300	7 HY 200DB	600	0
11	WORK TABLES	7/21/10	4,000		X	2,000	7 HY 200DB	4,000	0
12	FOLDING CHAIRS (20)	7/21/10	400		X	200	7 HY 200DB	400	0
13	WAITING ROOM CHAIRS	7/21/10	400		X	200	7 HY 200DB	400	0
14	OFFICE CHAIRS	7/21/10	750		X	375	7 HY 200DB	750	0
15	PLASTIC TOTE BINS (70)	7/21/10	700		X	350	7 HY 200DB	700	0
16	DESKS	7/21/10	750		X	375	7 HY 200DB	750	0
17	COMPUTERS (4)	7/21/10	4,000		X	2,000	5 HY 200DB	4,000	0
18	PRINTERS (4)	7/21/10	1,500		X	750	5 HY 200DB	1,500	0
19	FILE CABINETS	7/21/10	400		X	200	7 HY 200DB	400	0
20	FILE CABINETS	7/21/10	200		X	100	7 HY 200DB	200	0
21	FILE CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
22	FILE CABINETS	7/21/10	150		X	75	7 HY 200DB	150	0
23	METAL CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
24	MICROWAVE	7/21/10	100		X	50	7 HY 200DB	100	0
25	DORM ROOM REFRIGERATOR	7/21/10	100		X	50	7 HY 200DB	100	0
26	HOT WATER HEATER	7/21/10	230		X	115	7 HY 200DB	230	0
27	WEIGHT SCALES (3)	7/21/10	1,500		X	750	7 HY 200DB	1,500	0
28	POLY STRAPPING UNIT	7/21/10	500		X	250	7 HY 200DB	500	0
29	AIR CONDITIONER UNIT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
30	COPIER	7/21/10	200		X	100	5 HY 200DB	200	0
33	FILE CABINET	3/05/11	408		X	0	7 HY 200DB	408	0
34	ISUZU	7/21/10	7,300		X	3,650	5 HY 200DB	7,300	0
35	HP LASER PRINTER	8/31/11	490		X	0	5 HY 200DB	490	0
36	PHONE SYSTEM	9/30/11	1,382		X	0	7 HY 200DB	1,382	0
37	PHONE EQUIPMENT	10/31/11	292		X	0	7 HY 200DB	292	0
39	PHONE SYSTEM	10/11/12	1,303		X	651	7 HY 200DB	1,245	58
40	SHELVING - HAND CARRY STORE	11/19/12	3,924		X	1,962	7 HY 200DB	3,749	175
41	DESK AND CRADENZA	11/21/12	500		X	250	7 HY 200DB	478	22
42	WAREHOUSE EQUIPMENT	12/31/12	4,289		X	2,144	7 HY 200DB	4,098	191
43	WATER HEATER	4/04/13	858		X	429	7 HY 200DB	820	38
45	LAPTOP	7/03/13	899		X	449	5 HY 200DB	899	0
46	LAPTOP ACCESSORIES	7/03/13	234		X	117	5 HY 200DB	234	0
47	CAMERA SYSTEM	1/01/15	2,843		X	1,422	5 HY 200DB	2,679	164
52	2017 Ford Van	11/20/17	36,310		X	17,429	5 HY 200DB	18,881	6,972
54	Van	12/24/18	42,252		X	33,802	5 HY 200DB	8,450	13,521
			<u>144,233</u>			<u>82,779</u>		<u>92,354</u>	<u>21,141</u>
Other Depreciation:									
48	Land	5/06/15	225,000			225,000	0 -- Land	0	0
49	Building	5/06/15	526,267			526,267	40 MO S/L	54,820	13,156
50	DONOR PERFECT SOFTWARE	7/23/15	17,088		X	8,544	3 MO Amort	17,088	0
51	Upgraded Lights for Warehouse	1/10/17	5,600			5,600	40 MO S/L	350	140
53	Roof over entry	8/14/17	1,060			1,060	40 MO S/L	51	26
55	LED lights - warehouse	10/14/19	19,900			19,900	40 MO S/L	0	373
56	Forklift	12/09/19	17,575			17,575	7 MO S/L	0	1,465
	Total Other Depreciation		<u>812,490</u>			<u>803,946</u>		<u>72,309</u>	<u>15,160</u>
	Total ACRS and Other Depreciation		<u>812,490</u>			<u>803,946</u>		<u>72,309</u>	<u>15,160</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		956,723			886,725		164,663	36,301
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>956,723</u>			<u>886,725</u>		<u>164,663</u>	<u>36,301</u>

AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	ALUMINUM LADDER	7/01/10	69		X	34	7 HY 200DB	69	0
2	FIBERGLASS LADDER	7/21/10	300		X	150	7 HY 200DB	300	0
3	GARBAGE CANS (10)	7/01/10	500		X	250	7 HY 200DB	500	0
4	METAL SHELVING	7/21/10	4,500		X	2,250	7 HY 200DB	4,500	0
5	RACKING	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
6	HAND CARTS	7/21/10	1,000		X	500	7 HY 200DB	1,000	0
7	PALLET JACKS (3)	7/21/10	1,350		X	675	7 HY 200DB	1,350	0
8	STEEL HAND TRUCKS (5)	7/21/10	750		X	375	7 HY 200DB	750	0
9	ELECTRIC FORK LIFT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
10	FORK LIFT CHARGER	7/21/10	600		X	300	7 HY 200DB	600	0
11	WORK TABLES	7/21/10	4,000		X	2,000	7 HY 200DB	4,000	0
12	FOLDING CHAIRS (20)	7/21/10	400		X	200	7 HY 200DB	400	0
13	WAITING ROOM CHAIRS	7/21/10	400		X	200	7 HY 200DB	400	0
14	OFFICE CHAIRS	7/21/10	750		X	375	7 HY 200DB	750	0
15	PLASTIC TOTE BINS (70)	7/21/10	700		X	350	7 HY 200DB	700	0
16	DESKS	7/21/10	750		X	375	7 HY 200DB	750	0
17	COMPUTERS (4)	7/21/10	4,000		X	2,000	5 HY 200DB	4,000	0
18	PRINTERS (4)	7/21/10	1,500		X	750	5 HY 200DB	1,500	0
19	FILE CABINETS	7/21/10	400		X	200	7 HY 200DB	400	0
20	FILE CABINETS	7/21/10	200		X	100	7 HY 200DB	200	0
21	FILE CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
22	FILE CABINETS	7/21/10	150		X	75	7 HY 200DB	150	0
23	METAL CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
24	MICROWAVE	7/21/10	100		X	50	7 HY 200DB	100	0
25	DORM ROOM REFRIGERATOR	7/21/10	100		X	50	7 HY 200DB	100	0
26	HOT WATER HEATER	7/21/10	230		X	115	7 HY 200DB	230	0
27	WEIGHT SCALES (3)	7/21/10	1,500		X	750	7 HY 200DB	1,500	0
28	POLY STRAPPING UNIT	7/21/10	500		X	250	7 HY 200DB	500	0
29	AIR CONDITIONER UNIT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
30	COPIER	7/21/10	200		X	100	5 HY 200DB	200	0
33	FILE CABINET	3/05/11	408		X	0	7 HY 200DB	408	0
34	ISUZU	7/21/10	7,300		X	3,650	5 HY 200DB	7,300	0
35	HP LASER PRINTER	8/31/11	490		X	0	5 HY 200DB	490	0
36	PHONE SYSTEM	9/30/11	1,382		X	0	7 HY 200DB	1,382	0
37	PHONE EQUIPMENT	10/31/11	292		X	0	7 HY 200DB	292	0
39	PHONE SYSTEM	10/11/12	1,303		X	651	7 HY 200DB	1,274	29
40	SHELVING - HAND CARRY STORE	11/19/12	3,924		X	1,962	7 HY 200DB	3,837	87
41	DESK AND CRADENZA	11/21/12	500		X	250	7 HY 200DB	489	11
42	WAREHOUSE EQUIPMENT	12/31/12	4,289		X	2,144	7 HY 200DB	4,193	96
43	WATER HEATER	4/04/13	858		X	429	7 HY 200DB	839	19
45	LAPTOP	7/03/13	899		X	449	5 HY 200DB	899	0
46	LAPTOP ACCESSORIES	7/03/13	234		X	117	5 HY 200DB	234	0
47	CAMERA SYSTEM	1/01/15	2,843		X	1,422	5 HY 150DB	2,724	119
52	2017 Ford Van	11/20/17	36,310		X	0	5 HY 200DB	36,310	0
			<u>101,981</u>			<u>31,548</u>		<u>101,620</u>	<u>361</u>
Other Depreciation:									
48	Land	5/06/15	0			0	0 HY	0	0
49	Building	5/06/15	0			0	0 HY	0	0
51	Upgraded Lights for Warehouse	1/10/17	0			0	0 HY	0	0
53	Roof over entry	8/14/17	1,060			1,060	40 MO S/L	51	26
54	Van	12/24/18	0			0	0 HY	0	0
55	LED lights - warehouse	10/14/19	0			0	0 HY	0	0
56	Forklift	12/09/19	0			0	0 HY	0	0
	Total Other Depreciation		<u>1,060</u>			<u>1,060</u>		<u>51</u>	<u>26</u>
	Total ACRS and Other Depreciation		<u>1,060</u>			<u>1,060</u>		<u>51</u>	<u>26</u>

AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		103,041				32,608		101,671	387
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>103,041</u>				<u>32,608</u>		<u>101,671</u>	<u>387</u>

Bonus Depreciation Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	ALUMINUM LADDER	7/01/10	69		0	0	35	34
2	FIBERGLASS LADDER	7/21/10	300		0	0	150	150
3	GARBAGE CANS (10)	7/01/10	500		0	0	250	250
4	METAL SHELVING	7/21/10	4,500		0	0	2,250	2,250
5	RACKING	7/21/10	5,000		0	0	2,500	2,500
6	HAND CARTS	7/21/10	1,000		0	0	500	500
7	PALLET JACKS (3)	7/21/10	1,350		0	0	675	675
8	STEEL HAND TRUCKS (5)	7/21/10	750		0	0	375	375
9	ELECTRIC FORK LIFT	7/21/10	5,000		0	0	2,500	2,500
10	FORK LIFT CHARGER	7/21/10	600		0	0	300	300
11	WORK TABLES	7/21/10	4,000		0	0	2,000	2,000
12	FOLDING CHAIRS (20)	7/21/10	400		0	0	200	200
13	WAITING ROOM CHAIRS	7/21/10	400		0	0	200	200
14	OFFICE CHAIRS	7/21/10	750		0	0	375	375
15	PLASTIC TOTE BINS (70)	7/21/10	700		0	0	350	350
16	DESKS	7/21/10	750		0	0	375	375
17	COMPUTERS (4)	7/21/10	4,000		0	0	2,000	2,000
18	PRINTERS (4)	7/21/10	1,500		0	0	750	750
19	FILE CABINETS	7/21/10	400		0	0	200	200
20	FILE CABINETS	7/21/10	200		0	0	100	100
21	FILE CABINETS	7/21/10	500		0	0	250	250
22	FILE CABINETS	7/21/10	150		0	0	75	75
23	METAL CABINETS	7/21/10	500		0	0	250	250
24	MICROWAVE	7/21/10	100		0	0	50	50
25	DORM ROOM REFRIGERATOR	7/21/10	100		0	0	50	50
26	HOT WATER HEATER	7/21/10	230		0	0	115	115
27	WEIGHT SCALES (3)	7/21/10	1,500		0	0	750	750
28	POLY STRAPPING UNIT	7/21/10	500		0	0	250	250
29	AIR CONDITIONER UNIT	7/21/10	5,000		0	0	2,500	2,500
30	COPIER	7/21/10	200		0	0	100	100
33	FILE CABINET	3/05/11	408		0	0	408	0
34	ISUZU	7/21/10	7,300		0	0	3,650	3,650
35	HP LASER PRINTER	8/31/11	490		0	0	490	0
36	PHONE SYSTEM	9/30/11	1,382		0	0	1,382	0
37	PHONE EQUIPMENT	10/31/11	292		0	0	292	0
39	PHONE SYSTEM	10/11/12	1,303		0	0	652	651
40	SHELVING - HAND CARRY STORE	11/19/12	3,924		0	0	1,962	1,962
41	DESK AND CRADENZA	11/21/12	500		0	0	250	250
42	WAREHOUSE EQUIPMENT	12/31/12	4,289		0	0	2,145	2,144
43	WATER HEATER	4/04/13	858		0	0	429	429
45	LAPTOP	7/03/13	899		0	0	450	449
46	LAPTOP ACCESSORIES	7/03/13	234		0	0	117	117
47	CAMERA SYSTEM	1/01/15	2,843		0	0	1,421	1,422
50	DONOR PERFECT SOFTWARE	7/23/15	17,088		0	0	8,544	8,544
52	2017 Ford Van	11/20/17	36,310		0	0	18,881	17,429
54	Van	12/24/18	42,252		0	0	8,450	33,802
Grand Total			161,321		0	0	69,998	91,323

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	ALUMINUM LADDER	0	0	0
Page 1	1	2	FIBERGLASS LADDER	0	0	0
Page 1	1	3	GARBAGE CANS (10)	0	0	0
Page 1	1	4	METAL SHELVING	0	0	0
Page 1	1	5	RACKING	0	0	0
Page 1	1	6	HAND CARTS	0	0	0
Page 1	1	7	PALLET JACKS (3)	0	0	0
Page 1	1	8	STEEL HAND TRUCKS (5)	0	0	0
Page 1	1	9	ELECTRIC FORK LIFT	0	0	0
Page 1	1	10	FORK LIFT CHARGER	0	0	0
Page 1	1	11	WORK TABLES	0	0	0
Page 1	1	12	FOLDING CHAIRS (20)	0	0	0
Page 1	1	13	WAITING ROOM CHAIRS	0	0	0
Page 1	1	14	OFFICE CHAIRS	0	0	0
Page 1	1	15	PLASTIC TOTE BINS (70)	0	0	0
Page 1	1	16	DESKS	0	0	0
Page 1	1	17	COMPUTERS (4)	0	0	0
Page 1	1	18	PRINTERS (4)	0	0	0
Page 1	1	19	FILE CABINETS	0	0	0
Page 1	1	20	FILE CABINETS	0	0	0
Page 1	1	21	FILE CABINETS	0	0	0
Page 1	1	22	FILE CABINETS	0	0	0
Page 1	1	23	METAL CABINETS	0	0	0
Page 1	1	24	MICROWAVE	0	0	0
Page 1	1	25	DORM ROOM REFRIGERATOR	0	0	0
Page 1	1	26	HOT WATER HEATER	0	0	0
Page 1	1	27	WEIGHT SCALES (3)	0	0	0
Page 1	1	28	POLY STRAPPING UNIT	0	0	0
Page 1	1	29	AIR CONDITIONER UNIT	0	0	0
Page 1	1	30	COPIER	0	0	0
Page 1	1	33	FILE CABINET	0	0	0
Page 1	1	34	ISUZU	0	0	0
Page 1	1	35	HP LASER PRINTER	0	0	0
Page 1	1	36	PHONE SYSTEM	0	0	0
Page 1	1	37	PHONE EQUIPMENT	0	0	0
Page 1	1	39	PHONE SYSTEM	58	29	29
Page 1	1	40	SHELVING - HAND CARRY STORE	175	87	88
Page 1	1	41	DESK AND CRADENZA	22	11	11
Page 1	1	42	WAREHOUSE EQUIPMENT	191	96	95
Page 1	1	43	WATER HEATER	38	19	19
Page 1	1	45	LAPTOP	0	0	0
Page 1	1	46	LAPTOP ACCESSORIES	0	0	0
Page 1	1	47	CAMERA SYSTEM	164	119	45
Page 1	1	52	2017 Ford Van	6,972	0	6,972
				<u>7,620</u>	<u>361</u>	<u>7,259</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	ALUMINUM LADDER	7/01/10	69	0	0
2	FIBERGLASS LADDER	7/21/10	300	0	0
3	GARBAGE CANS (10)	7/01/10	500	0	0
4	METAL SHELVING	7/21/10	4,500	0	0
5	RACKING	7/21/10	5,000	0	0
6	HAND CARTS	7/21/10	1,000	0	0
7	PALLET JACKS (3)	7/21/10	1,350	0	0
8	STEEL HAND TRUCKS (5)	7/21/10	750	0	0
9	ELECTRIC FORK LIFT	7/21/10	5,000	0	0
10	FORK LIFT CHARGER	7/21/10	600	0	0
11	WORK TABLES	7/21/10	4,000	0	0
12	FOLDING CHAIRS (20)	7/21/10	400	0	0
13	WAITING ROOM CHAIRS	7/21/10	400	0	0
14	OFFICE CHAIRS	7/21/10	750	0	0
15	PLASTIC TOTE BINS (70)	7/21/10	700	0	0
16	DESKS	7/21/10	750	0	0
17	COMPUTERS (4)	7/21/10	4,000	0	0
18	PRINTERS (4)	7/21/10	1,500	0	0
19	FILE CABINETS	7/21/10	400	0	0
20	FILE CABINETS	7/21/10	200	0	0
21	FILE CABINETS	7/21/10	500	0	0
22	FILE CABINETS	7/21/10	150	0	0
23	METAL CABINETS	7/21/10	500	0	0
24	MICROWAVE	7/21/10	100	0	0
25	DORM ROOM REFRIGERATOR	7/21/10	100	0	0
26	HOT WATER HEATER	7/21/10	230	0	0
27	WEIGHT SCALES (3)	7/21/10	1,500	0	0
28	POLY STRAPPING UNIT	7/21/10	500	0	0
29	AIR CONDITIONER UNIT	7/21/10	5,000	0	0
30	COPIER	7/21/10	200	0	0
33	FILE CABINET	3/05/11	408	0	0
34	ISUZU	7/21/10	7,300	0	0
35	HP LASER PRINTER	8/31/11	490	0	0
36	PHONE SYSTEM	9/30/11	1,382	0	0
37	PHONE EQUIPMENT	10/31/11	292	0	0
39	PHONE SYSTEM	10/11/12	1,303	0	0
40	SHELVING - HAND CARRY STORE	11/19/12	3,924	0	0
41	DESK AND CRADENZA	11/21/12	500	0	0
42	WAREHOUSE EQUIPMENT	12/31/12	4,289	0	0
43	WATER HEATER	4/04/13	858	0	0
45	LAPTOP	7/03/13	899	0	0
46	LAPTOP ACCESSORIES	7/03/13	234	0	0
47	CAMERA SYSTEM	1/01/15	2,843	0	0
52	2017 Ford Van	11/20/17	36,310	4,183	0
54	Van	12/24/18	42,252	8,112	0
			<u>144,233</u>	<u>12,295</u>	<u>0</u>

Other Depreciation:

48	Land	5/06/15	225,000	0	0
49	Building	5/06/15	526,267	13,157	0
50	DONOR PERFECT SOFTWARE	7/23/15	17,088	0	0
51	Upgraded Lights for Warehouse	1/10/17	5,600	140	0
53	Roof over entry	8/14/17	1,060	27	27
55	LED lights - warehouse	10/14/19	19,900	498	0
56	Forklift	12/09/19	17,575	2,510	0
	Total Other Depreciation		<u>812,490</u>	<u>16,332</u>	<u>27</u>
	Total ACRS and Other Depreciation		<u>812,490</u>	<u>16,332</u>	<u>27</u>

24712 SOS INTERNATIONAL, INC.

05/05/2021 9:45 AM

_*4272

Future Depreciation Report FYE: 6/30/21

Page 2

FYE: 6/30/2020

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Grand Totals		<u>956,723</u>	<u>28,627</u>	<u>27</u>

Form **990****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **07/01/19**, ending **06/30/20**

Name

Taxpayer Identification Number

SOS INTERNATIONAL, INC.**** - ***4272**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	3,455,852	5,423,686	1,967,834
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	78,046	46,370	-31,676
	5. Investment income	28,531	16,973	-11,558
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	11,866	28,771	16,905
	8. Net income or (loss) from fundraising events	-29,227	-15,403	13,824
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	139,913	265,140	125,227
	11. Other revenue	3,723	13,671	9,948
	12. Total revenue. Add lines 1 through 11	3,688,704	5,779,208	2,090,504
Expenses	13. Grants and similar amounts paid	2,740,602	5,092,277	2,351,675
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	95,694	90,623	-5,071
	16. Salaries, other compensation, and employee benefits	295,732	359,412	63,680
	17. Professional fundraising fees			
	18. Other professional fees	21,425	32,278	10,853
	19. Occupancy, rent, utilities, and maintenance	100,280	36,227	-64,053
	20. Depreciation and Depletion	34,831	36,301	1,470
	21. Other expenses	204,998	170,362	-34,636
	22. Total expenses. Add lines 13 through 21	3,493,562	5,817,480	2,323,918
	23. Excess or (Deficit). Subtract line 22 from line 12	195,142	-38,272	-233,414
Other Information	24. Total exempt revenue	3,688,704	5,779,208	2,090,504
	25. Total unrelated revenue			
	26. Total excludable revenue	262,079	370,925	108,846
	27. Total assets	5,198,182	6,746,375	1,548,193
	28. Total liabilities	581,742	800,957	219,215
	29. Retained earnings	4,616,440	5,945,418	1,328,978
	30. Number of voting members of governing body	12	14	
	31. Number of independent voting members of governing body	12	14	
	32. Number of employees	10	15	
	33. Number of volunteers	3031	1939	

Form **990**

Tax Return History

2019

Name **SOS INTERNATIONAL, INC.**

Employer Identification Number
-*4272

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	2,496,564	3,462,639	3,251,614	3,455,852	5,423,686	
Membership dues						
Program service revenue		59,848	69,326	78,046	46,370	
Capital gain or loss	16,484	9,979	42,115	11,866	28,771	
Investment income	16,609	11,088	15,543	28,531	16,973	
Fundraising revenue (income/loss)		-23,707	-27,550	-29,227	-15,403	
Gaming revenue (income/loss)						
Other revenue	112,686	163,650	140,901	143,636	278,811	
Total revenue	2,642,343	3,683,497	3,491,949	3,688,704	5,779,208	
Grants and similar amounts paid	1,172,386	3,209,548	2,437,497	2,740,602	5,092,277	
Benefits paid to or for members						
Compensation of officers, etc.	83,301	106,834	86,100	95,694	90,623	
Other compensation	174,616	232,419	241,482	295,732	359,412	
Professional fees	33,370	20,215	17,863	21,425	32,278	
Occupancy costs	41,579	58,182	39,725	100,280	36,227	
Depreciation and depletion	25,773	24,112	29,532	34,831	36,301	
Other expenses	134,820	184,981	178,223	204,998	170,362	
Total expenses	1,665,845	3,836,291	3,030,422	3,493,562	5,817,480	
Excess or (Deficit)	976,498	-152,794	461,527	195,142	-38,272	
Total exempt revenue	2,642,343	3,683,497	3,491,949	3,688,704	5,779,208	
Total unrelated revenue						
Total excludable revenue	145,779	244,565	267,885	262,079	370,925	
Total Assets	4,718,278	4,598,392	5,031,756	5,198,182	6,746,375	
Total Liabilities	635,486	624,085	607,045	581,742	800,957	
Net Fund Balances	4,082,792	3,974,307	4,424,711	4,616,440	5,945,418	

Federal Statements

FYE: 6/30/2020

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$			1		
TOTAL	\$					0

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
COMMUNITY FOUNDATION	\$			1		
ENDOWMENT					15,525	
TOTAL	\$				16,973	

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 14,490	\$	\$ 3,622	\$ 10,868
TOTAL	\$ 14,490	\$ 0	\$ 3,622	\$ 10,868

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
INTEREST INCOME	\$ 1,448
COMMUNITY FOUNDATION ENDOWMENT	15,525
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 15,973</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
SHIPPING REVENUE	\$ 46,370
RECYCLING	1,770
MISCELLANEOUS INCOME	12,074
COMMUNITY FOUNDATION SALE OF INVENTORY	-173
HEALTH AND HOPE	265,140
BOURBON AND BANDAIDS	
OTHER EVENTS	
TOTAL	<u>\$ 325,181</u>