

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16

**2015**

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**SOS INTERNATIONAL, INC.**

Employer identification number

**\*\* - \*\*\*4272**

Name and title of officer

**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 1 line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,642,343</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

**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 2015 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 2015 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 2015 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 } **01/17/17**

**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 2015 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 } **01/17/17**

**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** (2015)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16**

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>SOS INTERNATIONAL, INC.</b></p> Doing business as <b>SUPPLIES OVER SEAS</b> Number and street (or P.O. box if mail is not delivered to street address) <b>1500 ARLINGTON AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>LOUISVILLE KY 40206</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>** - *** 4272</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>502-736-6360</b></p> <b>G</b> Gross receipts \$ <b>3,071,166</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>DENISE SEARS</b>  <b>1500 ARLINGTON AVE</b>  <b>LOUISVILLE KY 40206</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.SUPPLIESOVERSEAS.ORG</b>		<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		<b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>6</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2505</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,639,106</b>	Current Year <b>2,496,564</b>
	9 Program service revenue (Part VIII, line 2g)		<b>0</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>50,806</b>	<b>33,093</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>56,257</b>	<b>112,686</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,746,169</b>	<b>2,642,343</b>
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,132,517</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>201,141</b>	<b>257,917</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
b Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		<b>54,874</b>	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>229,681</b>	<b>235,542</b>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,563,339</b>	<b>1,665,845</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>182,830</b>	<b>976,498</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year <b>3,804,966</b>	End of Year <b>4,718,278</b>
	21 Total liabilities (Part X, line 26)	<b>673,715</b>	<b>635,486</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>3,131,251</b>	<b>4,082,792</b>

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>DENISE SEARS</b></p> Type or print name and title	Date	Date <p style="text-align: center;"><b>PRESIDENT &amp; CEO</b></p>
	Print/Type preparer's name <b>WILLIAM J. JESSEE</b>	Preparer's signature	Date
<b>Paid Preparer Use Only</b>	Firm's name } <b>HENDERMAN, JESSEE AND CO., PLLC</b> Firm's address } <b>304 WHITTINGTON PKWY STE 107 LOUISVILLE, KY 40222-4913</b>	Firm's EIN } <b>** - *** 0913</b>	Phone no. <b>502-425-4800</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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:

**SEE SCHEDULE O**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **1,502,248** including grants of \$ **1,172,386** ) (Revenue \$ )

**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 \$ )

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

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

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

**4e** Total program service expenses **u 1,502,248**

**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	<b>Section 501(c)(3) organizations.</b> 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 temporarily restricted endowments, permanent endowments, or 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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		<b>X</b>
<b>22</b> 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		<b>X</b>
<b>23</b> 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		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.	<b>10</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>10</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 in Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</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 **u KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**  
**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>K. THOMAS REICHARD, MD</b>	2.00									
<b>CHAIR</b>	0.00	X		X			0	0	0	
(2) <b>MARK CARTER</b>	0.50									
<b>VICE CHAIR</b>	0.00	X		X			0	0	0	
(3) <b>LARRY CASHEN</b>	2.00									
<b>SECRETARY/TREASURER</b>	0.00	X		X			0	0	0	
(4) <b>SUE DAVIS</b>	0.50									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(5) <b>RICHARD DEATS</b>	0.50									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>ALLEN MONTGOMERY</b>	0.50									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>JAMES PERRY</b>	0.50									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(8) <b>KEVIN POTTS, MD</b>	0.50									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>WILLIAM SMOCK, MD</b>	0.50									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>RODNEY VINEGAR</b>	0.50									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(11) <b>MELISSA MERSHON</b>	40.00									
<b>PRESIDENT &amp; CEO</b>	0.00			X			78,870	0	16,958	





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>2,496,564</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>2,207,139</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>2,496,564</b>			
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>16,609</b>			<b>16,609</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	<b>445,307</b>			
	<b>b</b> Less: cost or other basis & sales exps.		<b>428,823</b>			
	<b>c</b> Gain or (loss)		<b>16,484</b>			
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>16,484</b>			<b>16,484</b>
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>75,962</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	<b>75,962</b>	<b>75,962</b>			
Miscellaneous Revenue		Busn. Code				
<b>11a</b> CUSTOM PALLET			<b>26,336</b>	<b>26,336</b>		
<b>b</b> MISCELLANEOUS INCOME			<b>5,470</b>	<b>5,470</b>		
<b>c</b> CUSTOM BOX			<b>2,978</b>	<b>2,978</b>		
<b>d</b> All other revenue			<b>1,940</b>	<b>1,940</b>		
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		<b>36,724</b>			
<b>12 Total revenue.</b> See instructions.	<b>u</b>		<b>2,642,343</b>	<b>112,686</b>	<b>0</b>	<b>33,093</b>

**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	<b>1,172,386</b>	<b>1,172,386</b>		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>83,301</b>	<b>62,476</b>	<b>14,161</b>	<b>6,664</b>
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	<b>139,558</b>	<b>104,668</b>	<b>23,725</b>	<b>11,165</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>19,788</b>	<b>14,841</b>	<b>3,364</b>	<b>1,583</b>
10 Payroll taxes	<b>15,270</b>	<b>11,452</b>	<b>2,596</b>	<b>1,222</b>
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	<b>15,423</b>		<b>15,423</b>	
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.)	<b>17,947</b>		<b>4,487</b>	<b>13,460</b>
12 Advertising and promotion	<b>19,647</b>	<b>983</b>	<b>3,929</b>	<b>14,735</b>
13 Office expenses	<b>18,505</b>	<b>11,635</b>	<b>5,320</b>	<b>1,550</b>
14 Information technology	<b>7,238</b>		<b>7,238</b>	
15 Royalties				
16 Occupancy	<b>41,579</b>	<b>38,538</b>	<b>1,520</b>	<b>1,521</b>
17 Travel	<b>5,722</b>	<b>5,083</b>	<b>383</b>	<b>256</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>28,631</b>	<b>25,767</b>	<b>1,432</b>	<b>1,432</b>
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>25,773</b>	<b>23,201</b>	<b>1,286</b>	<b>1,286</b>
23 Insurance	<b>8,775</b>	<b>4,826</b>	<b>3,949</b>	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SHIPPING</b>	<b>18,437</b>	<b>18,437</b>		
b <b>OTHER EXPENSES</b>	<b>14,619</b>	<b>7,757</b>	<b>6,862</b>	
c <b>PROPERTY TAXES</b>	<b>12,850</b>		<b>12,850</b>	
d <b>LICENSES</b>	<b>396</b>	<b>198</b>	<b>198</b>	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	<b>1,665,845</b>	<b>1,502,248</b>	<b>108,723</b>	<b>54,874</b>
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	
<b>Assets</b>	1	Cash—non-interest bearing	199,562	1	30,373
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	10,700
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,350,396	8	3,385,149
	9	Prepaid expenses and deferred charges	8,726	9	8,754
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 818,339		
	b	Less: accumulated depreciation	10b 71,713	10c 766,701	746,626
	11	Investments—publicly traded securities	479,581	11	525,284
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	11,392
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,804,966	16	4,718,278	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	37,811	17	19,697
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	635,904	23	615,789
	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	<b>Total liabilities.</b> Add lines 17 through 25	673,715	26	635,486
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	3,043,261	27	4,046,866
	28	Temporarily restricted net assets	52,773	28	
	29	Permanently restricted net assets	35,217	29	35,926
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	3,131,251	33	4,082,792	
34	<b>Total liabilities and net assets/fund balances</b>	3,804,966	34	4,718,278	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,642,343</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,665,845</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>976,498</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>3,131,251</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-20,977</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	<b>-3,980</b>
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>4,082,792</b>

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1–9 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)						
<b>Total</b>						

**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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,639,526	1,998,857	2,741,142	2,813,456	2,663,654	11,856,635
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,639,526	1,998,857	2,741,142	2,813,456	2,663,654	11,856,635
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						11,856,635

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	1,639,526	1,998,857	2,741,142	2,813,456	2,663,654	11,856,635
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,282	46,576	86,996	3,609	8,162	146,625
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,755	10,687	32,112	56,481	112,660	238,695
<b>11 Total support.</b> Add lines 7 through 10						12,241,955

**12** Gross receipts from related activities, etc. (see instructions) 12 112,686

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.85 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	97.47 %

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** 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—2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>				
<b>Section D - Distributions</b>			<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2015 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b>	Distributable amount for 2015 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2015:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	From 2013 .....			
<b>e</b>	From 2014 .....			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2015 distributable amount			
<b>i</b>	Carryover from 2010 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2015 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2015 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>	Excess from 2013 .....			
<b>d</b>	Excess from 2014 .....			
<b>e</b>	Excess from 2015 .....			

**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**

\$ 238,695

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

<b>Name of the organization</b>  <b>SOS INTERNATIONAL, INC.</b>	<b>Employer identification number</b>  <b>** - ***4272</b>
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**Organization type** (check one):

- |                    |   |  |
|--------------------|---|--|
| <b>Filers of:</b>  | <b>Section:</b>   |  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | <input type="checkbox"/> 527 political organization   |  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |  |

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>SOS INTERNATIONAL, INC.</b>	Employer identification number <b>** - ***4272</b>
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**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	\$ 163,211	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	\$ 423,820	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	KENTUCKYONE HEALTH 100 EAST LIBERTY STREET, SUITE 800 LOUISVILLE KY 40202	\$ 412,415	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	BAPTIST HEALTH KENTUCKY 2701 EASTPOINT PARKWAY LOUISVILLE KY 40223	\$ 508,678	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE MEDICAL CENTER OF BOWLING GREEN 250 PARK STREET BOWLING GREEN KY 42101	\$ 125,393	Person <input 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.)

Name of organization <b>SOS INTERNATIONAL, INC.</b>	Employer identification number <b>** - ***4272</b>
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**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	<b>MEDICAL SUPPLIES AND EQUIPMENT</b>	\$ 163,211	06/30/16
2	<b>MEDICAL SUPPLIES AND EQUIPMENT</b>	\$ 416,320	06/30/16
3	<b>MEDICAL SUPPLIES AND EQUIPMENT</b>	\$ 412,415	06/30/16
4	<b>MEDICAL SUPPLIES AND EQUIPMENT</b>	\$ 463,158	06/30/16
5	<b>MEDICAL SUPPLIES AND EQUIPMENT</b>	\$ 125,393	06/30/16
		\$	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, total acreage, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....	479,579	532,588	608,855	571,213	642,618
<b>b</b> Contributions .....	37,975	68,383	1,038	31,078	2,313
<b>c</b> Net investment earnings, gains, and losses .....	11,867	7,124	90,582	50,319	4,801
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	157	125,000	164,301	40,000	75,000
<b>f</b> Administrative expenses .....	3,980	3,516	3,586	3,755	3,519
<b>g</b> End of year balance .....	525,284	479,579	532,588	608,855	571,213

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

- a** Board designated or quasi-endowment **u** 100.00 %
- b** Permanent endowment **u** ..... %
- c** Temporarily restricted endowment **u** ..... %

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

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

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

	Yes	No
<b>3a(i)</b>	<b>X</b>	
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		225,000		225,000
<b>b</b> Buildings .....		526,267	15,349	510,918
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		67,072	56,364	10,708
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				746,626

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,784,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-20,977	
b	Donated services and use of facilities	2b	167,090	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	146,113
3	Subtract line 2e from line 1		3	2,638,363
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	3,980	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	3,980
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,642,343

**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	1,832,935
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	167,090	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	167,090
3	Subtract line 2e from line 1		3	1,665,845
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	1,665,845

**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 THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND HAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2016 AND 2015. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

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



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

u Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
<b>CENTRAL AMERICAN AND CARIBBEAN</b>					
(1)			<b>PROGRAM SERVICES</b>	<b>DELIVERED SUPPLIES</b>	<b>29,884</b>
<b>EAST ASIA AND THE PACIFIC</b>					
(2)			<b>PROGRAM SERVICES</b>	<b>DELIVERED SUPPLIES</b>	<b>141,077</b>
<b>MIDDLE EAST AND NORTH AFRICA</b>					
(3)			<b>PROGRAM SERVICES</b>	<b>DELIVERED SUPPLIES</b>	<b>31,604</b>
<b>NORTH AMERICA</b>					
(4)			<b>PROGRAM SERVICES</b>	<b>DELIVERED SUPPLIES</b>	<b>3,848</b>
<b>SOUTH AMERICA</b>					
(5)			<b>PROGRAM SERVICES</b>	<b>DELIVERED SUPPLIES</b>	<b>3,812</b>
<b>SUB-SAHARAN AFRICA</b>					
(6)			<b>PROGRAM SERVICES</b>	<b>DELIVERED SUPPLIES</b>	<b>522,403</b>
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....					<b>732,628</b>
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)					<b>732,628</b>

**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	1,172,386	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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash 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; do not 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; do not 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**

<b>REGION</b>	<b>EXPENDITURES</b>	<b>INVESTMENTS</b>
<b>CENTRAL AMERICAN AND CARIBBEAN</b>	<b>\$ 29,884</b>	<b>\$ 0</b>
<b>EAST ASIA AND THE PACIFIC</b>	<b>\$ 141,077</b>	<b>\$ 0</b>
<b>MIDDLE EAST AND NORTH AFRICA</b>	<b>\$ 31,604</b>	<b>\$ 0</b>
<b>NORTH AMERICA</b>	<b>\$ 3,848</b>	<b>\$ 0</b>
<b>SOUTH AMERICA</b>	<b>\$ 3,812</b>	<b>\$ 0</b>
<b>SUB-SAHARAN AFRICA</b>	<b>\$ 522,403</b>	<b>\$ 0</b>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**SOS INTERNATIONAL, INC.**

Employer identification number

**\*\*-\*\*\*4272**

**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	<b>X</b>	<b>1</b>	<b>2,207,139</b>	<b>ESTIMATE OF FMV</b>
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )				
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2015**Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**SOS INTERNATIONAL, INC.**

Employer identification number

**\*\* - \*\*\*4272**

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITES  
 TO PROMOTE GLOBAL HEALTH, ENVIRONMENTAL STEWARDSHIP AND COMMUNITY AWARENESS  
 THROUGH THE EFFICIENT RECOVERY, PROCESSING AND RESPONSIBLE REDISTRIBUTION  
 OF SURPLUS MEDICAL SUPPLIES AND EQUIPMENT TO IMPROVE HEALTHCARE ACCESS FOR  
 THE POOR AND UNDERSERVED AROUND THE WORLD.

FORM 990 - ORGANIZATION'S MISSION  
 TO PROMOTE GLOBAL HEALTH, ENVIRONMENTAL STEWARDSHIP AND COMMUNITY AWARENESS  
 THROUGH THE EFFICIENT RECOVERY, PROCESSING AND RESPONSIBLE REDISTRIBUTION  
 OF SURPLUS MEDICAL SUPPLIES AND EQUIPMENT TO IMPROVE HEALTHCARE ACCESS FOR  
 THE POOR AND UNDERSERVED AROUND THE WORLD.

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 TEH 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 MEMEBER WILL BE ASKED TO RESIGN.

Name of the organization

Employer identification number

SOS INTERNATIONAL, INC.

\*\* - \*\*\*4272

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 DIRECTED TO THE CEO.

FORM 990, PART VII - ADDITIONAL INFORMATION SUBSEQUENT TO 6/30/16, MELISSA MERSHON WAS REPLACED BY DENISE SEARS AS PRESIDENT & CEO OF THE ORGANIZATION IN NOVEMBER 2016.

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2015**

Department of the Treasury  
Internal Revenue Service (99)

u Attach to your tax return.  
u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return

**SOS INTERNATIONAL, INC.**

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

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	<b>500,000</b>
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	<b>2,000,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not 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	<b>5,696</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>13,156</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	<b>6,921</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2015 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 2015 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	<b>25,773</b>
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** (2015)

## Federal Asset Report

FYE: 6/30/2016

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	ALUMINUM LADDER	7/01/10	69		X	34	7 HY 200DB	54	6
2	FIBERGLASS LADDER	7/21/10	300		X	150	7 HY 200DB	233	27
3	GARBAGE CANS (10)	7/01/10	500		X	250	7 HY 200DB	388	45
4	METAL SHELVING	7/21/10	4,500		X	2,250	7 HY 200DB	3,496	402
5	RACKING	7/21/10	5,000		X	2,500	7 HY 200DB	3,884	447
6	HAND CARTS	7/21/10	1,000		X	500	7 HY 200DB	777	89
7	PALLET JACKS (3)	7/21/10	1,350		X	675	7 HY 200DB	1,049	120
8	STEEL HAND TRUCKS (5)	7/21/10	750		X	375	7 HY 200DB	583	67
9	ELECTRIC FORK LIFT	7/21/10	5,000		X	2,500	7 HY 200DB	3,884	447
10	FORK LIFT CHARGER	7/21/10	600		X	300	7 HY 200DB	466	54
11	WORK TABLES	7/21/10	4,000		X	2,000	7 HY 200DB	3,108	357
12	FOLDING CHAIRS (20)	7/21/10	400		X	200	7 HY 200DB	311	35
13	WAITING ROOM CHAIRS	7/21/10	400		X	200	7 HY 200DB	311	35
14	OFFICE CHAIRS	7/21/10	750		X	375	7 HY 200DB	583	67
15	PLASTIC TOTE BINS (70)	7/21/10	700		X	350	7 HY 200DB	544	62
16	DESKS	7/21/10	750		X	375	7 HY 200DB	583	67
17	COMPUTERS (4)	7/21/10	4,000		X	2,000	5 HY 200DB	3,770	230
18	PRINTERS (4)	7/21/10	1,500		X	750	5 HY 200DB	1,414	86
19	FILE CABINETS	7/21/10	400		X	200	7 HY 200DB	311	35
20	FILE CABINETS	7/21/10	200		X	100	7 HY 200DB	155	18
21	FILE CABINETS	7/21/10	500		X	250	7 HY 200DB	388	45
22	FILE CABINETS	7/21/10	150		X	75	7 HY 200DB	117	13
23	METAL CABINETS	7/21/10	500		X	250	7 HY 200DB	388	45
24	MICROWAVE	7/21/10	100		X	50	7 HY 200DB	78	9
25	DORM ROOM REFRIGERATOR	7/21/10	100		X	50	7 HY 200DB	78	9
26	HOT WATER HEATER	7/21/10	230		X	115	7 HY 200DB	179	20
27	WEIGHT SCALES (3)	7/21/10	1,500		X	750	7 HY 200DB	1,165	134
28	POLY STRAPPING UNIT	7/21/10	500		X	250	7 HY 200DB	388	45
29	AIR CONDITIONER UNIT	7/21/10	5,000		X	2,500	7 HY 200DB	3,884	447
30	COPIER	7/21/10	200		X	100	5 HY 200DB	188	12
33	FILE CABINET	3/05/11	408		X	91	7 HY 200DB	317	36
34	ISUZU	7/21/10	7,300		X	3,650	5 HY 200DB	6,880	420
35	HP LASER PRINTER	8/31/11	490		X	85	5 HY 200DB	405	57
36	PHONE SYSTEM	9/30/11	1,382		X	432	7 HY 200DB	950	124
37	PHONE EQUIPMENT	10/31/11	292		X	91	7 HY 200DB	201	26
39	PHONE SYSTEM	10/11/12	1,303		X	651	7 HY 200DB	733	163
40	SHELVING - HAND CARRY STORE	11/19/12	3,924		X	1,962	7 HY 200DB	2,208	490
41	DESK AND CRADENZA	11/21/12	500		X	250	7 HY 200DB	281	63
42	WAREHOUSE EQUIPMENT	12/31/12	4,289		X	2,144	7 HY 200DB	2,413	536
43	WATER HEATER	4/04/13	858		X	429	7 HY 200DB	483	107
44	1996 DODGE VAN	12/03/13	1,400		X	742	5 HY 200DB	658	297
45	LAPTOP	7/03/13	899		X	449	5 HY 200DB	467	173
46	LAPTOP ACCESSORIES	7/03/13	234		X	117	5 HY 200DB	122	45
47	CAMERA SYSTEM	1/01/15	2,843		X	2,274	5 HY 200DB	569	909
			<u>67,071</u>			<u>33,841</u>		<u>49,444</u>	<u>6,921</u>
<b>Other Depreciation:</b>									
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	2,193	13,156
50	DONOR PERFECT SOFTWARE	7/23/15	17,088		X	11,392	3 MO Amort	0	5,696
	<b>Total Other Depreciation</b>		<u>768,355</u>			<u>762,659</u>		<u>2,193</u>	<u>18,852</u>
	<b>Total ACRS and Other Depreciation</b>		<u>768,355</u>			<u>762,659</u>		<u>2,193</u>	<u>18,852</u>
	<b>Grand Totals</b>		835,426			796,500		51,637	25,773
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>835,426</u>			<u>796,500</u>		<u>51,637</u>	<u>25,773</u>



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## AMT Asset Report

Page 1

FYE: 6/30/2016

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	ALUMINUM LADDER	7/01/10	69		X	34	7 HY 200DB	61	3
2	FIBERGLASS LADDER	7/21/10	300		X	150	7 HY 200DB	267	13
3	GARBAGE CANS (10)	7/01/10	500		X	250	7 HY 200DB	444	23
4	METAL SHELVING	7/21/10	4,500		X	2,250	7 HY 200DB	3,998	201
5	RACKING	7/21/10	5,000		X	2,500	7 HY 200DB	4,442	223
6	HAND CARTS	7/21/10	1,000		X	500	7 HY 200DB	888	45
7	PALLET JACKS (3)	7/21/10	1,350		X	675	7 HY 200DB	1,199	61
8	STEEL HAND TRUCKS (5)	7/21/10	750		X	375	7 HY 200DB	666	34
9	ELECTRIC FORK LIFT	7/21/10	5,000		X	2,500	7 HY 200DB	4,442	223
10	FORK LIFT CHARGER	7/21/10	600		X	300	7 HY 200DB	533	27
11	WORK TABLES	7/21/10	4,000		X	2,000	7 HY 200DB	3,554	178
12	FOLDING CHAIRS (20)	7/21/10	400		X	200	7 HY 200DB	355	18
13	WAITING ROOM CHAIRS	7/21/10	400		X	200	7 HY 200DB	355	18
14	OFFICE CHAIRS	7/21/10	750		X	375	7 HY 200DB	666	34
15	PLASTIC TOTE BINS (70)	7/21/10	700		X	350	7 HY 200DB	622	31
16	DESKS	7/21/10	750		X	375	7 HY 200DB	666	34
17	COMPUTERS (4)	7/21/10	4,000		X	2,000	5 HY 200DB	3,885	115
18	PRINTERS (4)	7/21/10	1,500		X	750	5 HY 200DB	1,457	43
19	FILE CABINETS	7/21/10	400		X	200	7 HY 200DB	355	18
20	FILE CABINETS	7/21/10	200		X	100	7 HY 200DB	178	9
21	FILE CABINETS	7/21/10	500		X	250	7 HY 200DB	444	23
22	FILE CABINETS	7/21/10	150		X	75	7 HY 200DB	133	7
23	METAL CABINETS	7/21/10	500		X	250	7 HY 200DB	444	23
24	MICROWAVE	7/21/10	100		X	50	7 HY 200DB	89	4
25	DORM ROOM REFRIGERATOR	7/21/10	100		X	50	7 HY 200DB	89	4
26	HOT WATER HEATER	7/21/10	230		X	115	7 HY 200DB	204	11
27	WEIGHT SCALES (3)	7/21/10	1,500		X	750	7 HY 200DB	1,333	67
28	POLY STRAPPING UNIT	7/21/10	500		X	250	7 HY 200DB	444	23
29	AIR CONDITIONER UNIT	7/21/10	5,000		X	2,500	7 HY 200DB	4,442	223
30	COPIER	7/21/10	200		X	100	5 HY 200DB	194	6
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	7,090	210
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	1,018	82
40	SHELVING - HAND CARRY STORE	11/19/12	3,924		X	1,962	7 HY 200DB	3,066	245
41	DESK AND CRADENZA	11/21/12	500		X	250	7 HY 200DB	391	31
42	WAREHOUSE EQUIPMENT	12/31/12	4,289		X	2,144	7 HY 200DB	3,351	268
43	WATER HEATER	4/04/13	858		X	429	7 HY 200DB	671	53
44	1996 DODGE VAN	12/03/13	1,400		X	700	5 HY 200DB	1,064	134
45	LAPTOP	7/03/13	899		X	449	5 HY 200DB	683	87
46	LAPTOP ACCESSORIES	7/03/13	234		X	117	5 HY 200DB	178	22
47	CAMERA SYSTEM	1/01/15	2,843		X	1,422	5 HY 150DB	1,634	363
			<u>67,071</u>			<u>32,248</u>		<u>58,567</u>	<u>3,237</u>
<b>Other Depreciation:</b>									
48	Land	5/06/15	0			0	0 HY	0	0
49	Building	5/06/15	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		67,071			32,248		58,567	3,237
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>67,071</u>			<u>32,248</u>		<u>58,567</u>	<u>3,237</u>

**Bonus Depreciation Report**

FYE: 6/30/2016

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
50	DONOR PERFECT SOFTWARE	7/23/15	17,088		0	5,696	0	11,392
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 SHELIVING	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	317	91
34	ISUZU	7/21/10	7,300		0	0	3,650	3,650
35	HP LASER PRINTER	8/31/11	490		0	0	405	85
36	PHONE SYSTEM	9/30/11	1,382		0	0	950	432
37	PHONE EQUIPMENT	10/31/11	292		0	0	201	91
39	PHONE SYSTEM	10/11/12	1,303		0	0	652	651
40	SHELIVING - 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
44	1996 DODGE VAN	12/03/13	1,400		0	0	658	742
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	569	2,274
	<b>Form 990, Page 1</b>		<b>84,159</b>		<b>0</b>	<b>5,696</b>	<b>33,230</b>	<b>45,233</b>
	<b>Grand Total</b>		<b>84,159</b>		<b>0</b>	<b>5,696</b>	<b>33,230</b>	<b>45,233</b>

**Depreciation Adjustment Report**

FYE: 6/30/2016

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	ALUMINUM LADDER	6	3	3
Page 1	1	2	FIBERGLASS LADDER	27	13	14
Page 1	1	3	GARBAGE CANS (10)	45	23	22
Page 1	1	4	METAL SHELVING	402	201	201
Page 1	1	5	RACKING	447	223	224
Page 1	1	6	HAND CARTS	89	45	44
Page 1	1	7	PALLET JACKS (3)	120	61	59
Page 1	1	8	STEEL HAND TRUCKS (5)	67	34	33
Page 1	1	9	ELECTRIC FORK LIFT	447	223	224
Page 1	1	10	FORK LIFT CHARGER	54	27	27
Page 1	1	11	WORK TABLES	357	178	179
Page 1	1	12	FOLDING CHAIRS (20)	35	18	17
Page 1	1	13	WAITING ROOM CHAIRS	35	18	17
Page 1	1	14	OFFICE CHAIRS	67	34	33
Page 1	1	15	PLASTIC TOTE BINS (70)	62	31	31
Page 1	1	16	DESKS	67	34	33
Page 1	1	17	COMPUTERS (4)	230	115	115
Page 1	1	18	PRINTERS (4)	86	43	43
Page 1	1	19	FILE CABINETS	35	18	17
Page 1	1	20	FILE CABINETS	18	9	9
Page 1	1	21	FILE CABINETS	45	23	22
Page 1	1	22	FILE CABINETS	13	7	6
Page 1	1	23	METAL CABINETS	45	23	22
Page 1	1	24	MICROWAVE	9	4	5
Page 1	1	25	DORM ROOM REFRIGERATOR	9	4	5
Page 1	1	26	HOT WATER HEATER	20	11	9
Page 1	1	27	WEIGHT SCALES (3)	134	67	67
Page 1	1	28	POLY STRAPPING UNIT	45	23	22
Page 1	1	29	AIR CONDITIONER UNIT	447	223	224
Page 1	1	30	COPIER	12	6	6
Page 1	1	33	FILE CABINET	36	0	36
Page 1	1	34	ISUZU	420	210	210
Page 1	1	35	HP LASER PRINTER	57	0	57
Page 1	1	36	PHONE SYSTEM	124	0	124
Page 1	1	37	PHONE EQUIPMENT	26	0	26
Page 1	1	39	PHONE SYSTEM	163	82	81
Page 1	1	40	SHELVING - HAND CARRY STORE	490	245	245
Page 1	1	41	DESK AND CRADENZA	63	31	32
Page 1	1	42	WAREHOUSE EQUIPMENT	536	268	268
Page 1	1	43	WATER HEATER	107	53	54
Page 1	1	44	1996 DODGE VAN	297	134	163
Page 1	1	45	LAPTOP	173	87	86
Page 1	1	46	LAPTOP ACCESSORIES	45	22	23
Page 1	1	47	CAMERA SYSTEM	909	363	546
				<u>6,921</u>	<u>3,237</u>	<u>3,684</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	ALUMINUM LADDER	7/01/10	69	6	3
2	FIBERGLASS LADDER	7/21/10	300	27	13
3	GARBAGE CANS (10)	7/01/10	500	45	22
4	METAL SHELVING	7/21/10	4,500	401	201
5	RACKING	7/21/10	5,000	446	223
6	HAND CARTS	7/21/10	1,000	89	45
7	PALLET JACKS (3)	7/21/10	1,350	121	60
8	STEEL HAND TRUCKS (5)	7/21/10	750	67	33
9	ELECTRIC FORK LIFT	7/21/10	5,000	446	223
10	FORK LIFT CHARGER	7/21/10	600	53	27
11	WORK TABLES	7/21/10	4,000	357	179
12	FOLDING CHAIRS (20)	7/21/10	400	36	18
13	WAITING ROOM CHAIRS	7/21/10	400	36	18
14	OFFICE CHAIRS	7/21/10	750	67	33
15	PLASTIC TOTE BINS (70)	7/21/10	700	63	31
16	DESKS	7/21/10	750	67	33
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	36	18
20	FILE CABINETS	7/21/10	200	18	9
21	FILE CABINETS	7/21/10	500	45	22
22	FILE CABINETS	7/21/10	150	13	7
23	METAL CABINETS	7/21/10	500	45	22
24	MICROWAVE	7/21/10	100	9	5
25	DORM ROOM REFRIGERATOR	7/21/10	100	9	5
26	HOT WATER HEATER	7/21/10	230	21	10
27	WEIGHT SCALES (3)	7/21/10	1,500	134	67
28	POLY STRAPPING UNIT	7/21/10	500	45	22
29	AIR CONDITIONER UNIT	7/21/10	5,000	446	223
30	COPIER	7/21/10	200	0	0
33	FILE CABINET	3/05/11	408	37	0
34	ISUZU	7/21/10	7,300	0	0
35	HP LASER PRINTER	8/31/11	490	28	0
36	PHONE SYSTEM	9/30/11	1,382	123	0
37	PHONE EQUIPMENT	10/31/11	292	26	0
39	PHONE SYSTEM	10/11/12	1,303	117	58
40	SHELVING - HAND CARRY STORE	11/19/12	3,924	351	175
41	DESK AND CRADENZA	11/21/12	500	44	22
42	WAREHOUSE EQUIPMENT	12/31/12	4,289	383	192
43	WATER HEATER	4/04/13	858	77	39
44	1996 DODGE VAN	12/03/13	1,400	178	81
45	LAPTOP	7/03/13	899	104	51
46	LAPTOP ACCESSORIES	7/03/13	234	27	14
47	CAMERA SYSTEM	1/01/15	2,843	546	254
			<u>67,071</u>	<u>5,189</u>	<u>2,458</u>
<b>Other Depreciation:</b>					
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	3,798	0
	<b>Total Other Depreciation</b>		<u>768,355</u>	<u>16,955</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>768,355</u>	<u>16,955</u>	<u>0</u>
	<b>Grand Totals</b>		<u>835,426</u>	<u>22,144</u>	<u>2,458</u>

**Federal Statements**

FYE: 6/30/2016

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 250		1			
TOTAL	<u>\$ 250</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
COMMUNITY FOUNDATION	\$ 849		1			
ENDOWMENT	15,510		1			
TOTAL	<u>\$ 16,359</u>					

## 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	\$ 17,947	\$	\$ 4,487	\$ 13,460
TOTAL	\$ 17,947	\$ 0	\$ 4,487	\$ 13,460

## Federal Statements

Schedule A, Part II, Line 12

Description	Amount
CUSTOM PALLET	\$ 26,336
CUSTOM BOX	2,978
RECYCLING	1,664
MISCELLANEOUS INCOME	5,470
COMMUNITY FOUNDATION	276
SALE OF INVENTORY	<u>75,962</u>
TOTAL	<u>\$ 112,686</u>