

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">SOS INTERNATIONAL, INC.</p> Doing business as SOS Number and street (or P.O. box if mail is not delivered to street address) 1500 ARLINGTON AVENUE City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE KY 40206	D Employer identification number <p style="text-align: center;">** - *** 4272</p> E Telephone number <p style="text-align: center;">502-736-6360</p> G Gross receipts \$ 5,951,163
F Name and address of principal officer: <p style="text-align: center;">DENISE SEARS 1500 ARLINGTON AVE LOUISVILLE KY 40206</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.SOSHEALTHANDHOPE.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2010
M State of legal domicile: KY	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO IMPROVE GLOBAL HEALTH AND THE ENVIRONMENT THROUGH RECOVERY AND REDISTRIBUTION OF SURPLUS MEDICAL SUPPLIES.</p>		
Activities & Governance	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)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	3103
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,145,760	5,512,653
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,307	89,600
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,440	24,127
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,767	301,860
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,470,274	5,928,240
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,628,784	4,288,193
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	421,373	671,916
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	149,405	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,024,791	413,777
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,074,948	5,373,886	
19 Revenue less expenses. Subtract line 18 from line 12	395,326	554,354	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,180,054	7,734,809
	22 Net assets or fund balances. Subtract line 21 from line 20	673,663	642,683
	22 Net assets or fund balances. Subtract line 21 from line 20	6,506,391	7,092,126

Part II Signature Block

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

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

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **5,033,283** including grants of \$ **4,288,193**) (Revenue \$ **89,600**)

THE SOS MISSION IS DELIVERED THROUGH THE INTERNATIONAL HEALTH PROGRAM (IHP) WHICH ENHANCES MEDICAL CARE DELIVERY IN DEVELOPING COUNTRIES AND THE LOCAL HEALTH PROGRAM WHICH SUPPORTS EDUCATION, MEDICAL CARE DELIVERY AND SOCIAL SERVICES FOR MARGINALIZED POPULATIONS IN OUR REGIONAL COMMUNITY. SURPLUS MEDICAL SUPPLIES AND EQUIPMENT THAT STILL HAVE LIFE-SAVING AND LIFE-CHANGING CAPACITY ARE DIVERTED FROM LANDFILLS, THEREBY PROTECTING OUR ENVIORNMENT, AND REDEPLOYED WHERE THEY WILL HAVE THE GREATEST IMPACT IN IMPROVING QAILITY OF LIFE.

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

N/A

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

N/A

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

(Expenses \$ **87,116** including grants of \$) (Revenue \$)

4e Total program service expenses **5,120,399**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

DENISE SEARS **1500 ARLINGTON AVE** **KY 40206** **502-736-6360**
LOUISVILLE

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE SEARS	40.00									
PRESIDENT & CEO	0.00			X			116,154	0	0	
(2) KEVIN POTTS, MD	0.50									
CHAIR	0.00	X		X			0	0	0	
(3) SCOTT SKINNER	0.75									
DIRECTOR	0.00	X					0	0	0	
(4) MIKE LORCH	0.50									
DIRECTOR	0.00	X					0	0	0	
(5) FAYE JONES	0.50									
DIRECTOR	0.00	X					0	0	0	
(6) MARIA CASTRO	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) CHRIS GRAFF	0.75									
DIRECTOR	0.00	X					0	0	0	
(8) CINDY GUELTZOW	0.50									
DIRECTOR	0.00	X					0	0	0	
(9) JAMES HENDON	0.50									
DIRECTOR	0.00	X					0	0	0	
(10) TROY MCCULLUM	0.75									
DIRECTOR	0.00	X					0	0	0	
(11) JODI BIBB	0.75									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) K. THOMAS REICHARD, MD	0.75									
VICE PRESIDENT	0.00	X		X			0	0	0	
(13) BETHANY HODGE, MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) PETER DIAKOV	0.75									
SECRETARY	0.00			X			0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							116,154			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							116,154			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	42,520				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,470,133				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,839,266				
	h Total. Add lines 1a-1f		5,512,653				
				Business Code			
Program Service Revenue	2a SHIPPING REVENUE		89,600	89,600			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		89,600				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,127			24,127	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real (ii) Personal					
		6a					
		6b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 42,520 of contributions reported on line 1c). See Part IV, line 18						
		8a					
b Less: direct expenses		8b	22,923				
c Net income or (loss) from fundraising events		-22,923					
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a	313,197					
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory		313,197	313,197				
			Business Code				
Miscellaneous Revenue	11a COMMUNITY FOUNDATION		7,161	7,161			
	b RECYCLING		2,467	2,467			
	c MISCELLANEOUS INCOME		1,958	1,958			
	d All other revenue						
	e Total. Add lines 11a-11d		11,586				
12 Total revenue. See instructions		5,928,240	414,383	0	24,127		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,288,193	4,288,193		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,154	87,116	9,292	19,746
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	448,908	336,681	35,913	76,314
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	62,837	46,540	10,474	5,823
10 Payroll taxes	44,017	33,013	3,521	7,483
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,830		17,830	
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.)	21,733		5,432	16,301
12 Advertising and promotion	21,786	1,089	4,357	16,340
13 Office expenses	16,149	10,867	3,750	1,532
14 Information technology	8,653	6,490	1,298	865
15 Royalties				
16 Occupancy	45,714	42,600	1,557	1,557
17 Travel	19,966	17,634	1,399	933
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	31,456	28,310	1,573	1,573
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,764	16,888	938	938
23 Insurance	17,596	15,836	1,760	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHIPPING	100,341	100,341		
b PROJECT EXPENSES	78,453	78,453		
c OTHER EXPENSES	9,186	4,483	4,703	
d BIO-MEDICAL	5,009	5,009		
e All other expenses	1,141	856	285	
25 Total functional expenses. Add lines 1 through 24e	5,373,886	5,120,399	104,082	149,405
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	495,172	1	377,777
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,345,821	8	5,920,000
	9 Prepaid expenses and deferred charges	8,725	9	8,725
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 939,636		
	b Less: accumulated depreciation	10b 279,941	10c	659,695
	11 Investments—publicly traded securities	678,461	11	768,612
	12 Investments—other securities. See Part IV, line 11	651,875	12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,180,054	16	7,734,809	
Liabilities	17 Accounts payable and accrued expenses	65,182	17	63,559
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	608,481	23	579,124
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	673,663	26	642,683
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,456,616	27	7,035,190
	28 Net assets with donor restrictions	49,775	28	56,936
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	6,506,391	32	7,092,126	
33 Total liabilities and net assets/fund balances	7,180,054	33	7,734,809	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,928,240
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,373,886
3	Revenue less expenses. Subtract line 2 from line 1	3	554,354
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,506,391
5	Net unrealized gains (losses) on investments	5	38,322
6	Donated services and use of facilities	6	
7	Investment expenses	7	-6,941
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,092,126

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

****-***4272**

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,423,688	4,852,719	4,630,449	5,145,760	5,512,653	25,565,269
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,423,688	4,852,719	4,630,449	5,145,760	5,512,653	25,565,269
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						25,565,269

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5,423,688	4,852,719	4,630,449	5,145,760	5,512,653	25,565,269
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,380	86,759				92,139
9 Net income from unrelated business activities, whether or not the business is regularly carried on	15,973	16,128	14,723	24,440	23,127	94,391
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	325,355	242,513	321,031	305,618		1,194,517
11 Total support. Add lines 7 through 10						26,946,316
12 Gross receipts from related activities, etc. (see instructions)					12	1,607,705
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	94.87%	
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.57%	
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	Yes	No
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	Yes	No
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	Yes	No

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 1,194,517

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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

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

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRIHEALTH 619 OAK STREET CINCINNATI OH 45206	\$ 356,252	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	\$ 886,543	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	BAPTIST HEALTH KENTUCKY 2701 EASTPOINT PARKWAY LOUISVILLE KY 40223	\$ 1,083,562	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE MEDICAL CENTER OF BOWLING GREEN 250 PARK STREET BOWLING GREEN KY 42101	\$ 221,380	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNIVERSITY OF LOUISVILLE HOSPITAL 530 S JACKSON STREET LOUISVILLE KY 40202	\$ 677,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	MERCY HEALTH 3300 MERCY HEALTH BLVD CINCINNATI OH 45211	\$ 287,096	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOS INTERNATIONAL, INC.	Employer identification number ** - ***4272
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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
7	CHI SAINT JOSEPH HEALTH ONE SAINT JOSEPH DRIVE LEXINGTON KY 40504	\$ 230,300	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	ST. ELIZABETH 4900 HOUSTON RD FLORENCE KY 41042	\$ 373,622	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	ASCENSION ST. THOMAS 2000 CHURCH ST NASHVILLE TN 37203	\$ 300,391	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	OWENSBORO REGIONAL HEALTH HOSPITAL 1201 PLEASANT VALLEY ROAD OWENSBORO KY 42303	\$ 224,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	ASCENSION ST. VINCENT BIRMINGHAM 810 ST. VINCENTS DR BIRMINGHAM AL 35205	\$ 167,569	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

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES AND EQUIPMENT	\$ 356,252	
2	MEDICAL SUPPLIES AND EQUIPMENT	\$ 879,043	
3	MEDICAL SUPPLIES AND EQUIPMENT	\$ 1,075,062	
4	MEDICAL SUPPLIES AND EQUIPMENT	\$ 221,380	
5	MEDICAL SUPPLIES AND EQUIPMENT	\$ 674,625	
6	MEDICAL SUPPLIES AND EQUIPMENT	\$ 287,096	

Name of organization SOS INTERNATIONAL, INC.	Employer identification number ** - ***4272
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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
7	MEDICAL SUPPLIES AND EQUIPMENT	\$ 0	
8	MEDICAL SUPPLIES AND EQUIPMENT	\$ 363,622	
9	MEDICAL SUPPLIES AND EQUIPMENT	\$ 300,391	
10	MEDICAL SUPPLIES AND EQUIPMENT	\$ 199,273	
11	MEDICAL SUPPLIES	\$ 167,569	
	\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

SOS INTERNATIONAL, INC.

-*4272

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

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

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	262,650	619,409	692,754	605,995	600,310
b Contributions					306
c Net investment earnings, gains, and losses		26,403	-66,783	92,981	11,763
d Grants or scholarships					173
e Other expenditures for facilities and programs					
f Administrative expenses		6,063	6,526	6,222	6,211
g End of year balance		651,875	619,409	692,754	605,995

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **100.00** %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,000		225,000
b Buildings		552,827	124,199	428,628
c Leasehold improvements				
d Equipment		161,809	155,742	6,067
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				659,695

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2023

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ** * 4272**

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA			PROGRAM SERVICES	DELIVERED SUPPLIES	960,390
(1) CARRIBEAN			PROGRAM SERVICES	DELIVERED SUPPLIES	532,998
EASTERN EUROPE			PROGRAM SERVICES	DELIVERED SUPPLIES	275,522
(3) AFRICA			PROGRAM SERVICES	DELIVERED SUPPLIES	2,180,038
(4) MIDDLE EAST			PROGRAM SERVICES	DELIVERED SUPPLIES	187,034
(5) INDIA			PROGRAM SERVICES	DELIVERED SUPPLIES	152,211
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					4,288,193
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,288,193

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	4,288,193	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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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 the Instructions for Form 926)* Yes No

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
NORTH AMERICA	\$ 960,390	\$ 0
CARRIBEAN	\$ 532,998	\$ 0
EASTERN EUROPE	\$ 275,522	\$ 0
AFRICA	\$ 2,180,038	\$ 0
MIDDLE EAST	\$ 187,034	\$ 0
INDIA	\$ 152,211	\$ 0

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HEALTH AND HOPE (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	42,520		42,520
	2	Less: Contributions	42,520		42,520
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	21,361		21,361
	8	Entertainment			
	9	Other direct expenses	1,562		1,562
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-22,923

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

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

- 9 Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	X	1	4,839,266	ESTIMATE OF FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

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

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SOS INTERNATIONAL, INC.

Employer identification number

**** - ***4272**

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

THE SOS MISSION IS DELIVERED THROUGH THE INTERNATIONAL HEALTH PROGRAM (IHP) WHICH ENHANCES MEDICAL CARE DELIVERY IN DEVELOPING COUNTRIES AND THE LOCAL HEALTH PROGRAM WHICH SUPPORTS EDUCATION, MEDICAL CARE DELIVERY AND SOCIAL SERVICES FOR MARGINALIZED POPULATIONS IN OUR REGIONAL COMMUNITY. SURPLUS MEDICAL SUPPLIES AND EQUIPMENT THAT STILL HAVE LIFE-SAVING AND LIFE-CHANGING CAPACITY ARE DIVERTED FROM LANDFILLS, THEREBY PROTECTING OUR ENVIRONMENT, AND REDEPLOYED WHERE THEY WILL HAVE THE GREATEST IMPACT IN IMPROVING QUALITY OF LIFE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 TAX RETURN IS PREPARED BY AN INDEPENDENT CPA FIRM BASED ON THE INFORMATION OBTAINED FROM THE AUDIT AND INQUIRIES FROM MANAGEMENT. BEFORE THE RETURN IS FILED, A DRAFT OF THE TAX RETURN IS REVIEWED BY THE BOARD OF SOS INTERNATIONAL. THE TAX RETURN IS THEN FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

SOS INTERNATIONAL, INC.

** - ***4272

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 **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2023

Department of the Treasury
Internal Revenue Service

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

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	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,330

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	2,434
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	18,764
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** (2023)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	ALUMINUM LADDER	7/01/10	69		X	34	7 HY 200DB	69	0
2	FIBERGLASS LADDER	7/21/10	300		X	150	7 HY 200DB	300	0
3	GARBAGE CANS (10)	7/01/10	500		X	250	7 HY 200DB	500	0
4	METAL SHELVING	7/21/10	4,500		X	2,250	7 HY 200DB	4,500	0
5	RACKING	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
6	HAND CARTS	7/21/10	1,000		X	500	7 HY 200DB	1,000	0
7	PALLET JACKS (3)	7/21/10	1,350		X	675	7 HY 200DB	1,350	0
8	STEEL HAND TRUCKS (5)	7/21/10	750		X	375	7 HY 200DB	750	0
9	ELECTRIC FORK LIFT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
10	FORK LIFT CHARGER	7/21/10	600		X	300	7 HY 200DB	600	0
11	WORK TABLES	7/21/10	4,000		X	2,000	7 HY 200DB	4,000	0
12	FOLDING CHAIRS (20)	7/21/10	400		X	200	7 HY 200DB	400	0
13	WAITING ROOM CHAIRS	7/21/10	400		X	200	7 HY 200DB	400	0
14	OFFICE CHAIRS	7/21/10	750		X	375	7 HY 200DB	750	0
15	PLASTIC TOTE BINS (70)	7/21/10	700		X	350	7 HY 200DB	700	0
16	DESKS	7/21/10	750		X	375	7 HY 200DB	750	0
17	COMPUTERS (4)	7/21/10	4,000		X	2,000	5 HY 200DB	4,000	0
18	PRINTERS (4)	7/21/10	1,500		X	750	5 HY 200DB	1,500	0
19	FILE CABINETS	7/21/10	400		X	200	7 HY 200DB	400	0
20	FILE CABINETS	7/21/10	200		X	100	7 HY 200DB	200	0
21	FILE CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
22	FILE CABINETS	7/21/10	150		X	75	7 HY 200DB	150	0
23	METAL CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
24	MICROWAVE	7/21/10	100		X	50	7 HY 200DB	100	0
25	DORM ROOM REFRIGERATOR	7/21/10	100		X	50	7 HY 200DB	100	0
26	HOT WATER HEATER	7/21/10	230		X	115	7 HY 200DB	230	0
27	WEIGHT SCALES (3)	7/21/10	1,500		X	750	7 HY 200DB	1,500	0
28	POLY STRAPPING UNIT	7/21/10	500		X	250	7 HY 200DB	500	0
29	AIR CONDITIONER UNIT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
30	COPIER	7/21/10	200		X	100	5 HY 200DB	200	0
33	FILE CABINET	3/05/11	408		X	0	7 HY 200DB	408	0
34	ISUZU	7/21/10	7,300		X	3,650	5 HY 200DB	7,300	0
35	HP LASER PRINTER	8/31/11	490		X	0	5 HY 200DB	490	0
36	PHONE SYSTEM	9/30/11	1,382		X	0	7 HY 200DB	1,382	0
37	PHONE EQUIPMENT	10/31/11	292		X	0	7 HY 200DB	292	0
39	PHONE SYSTEM	10/11/12	1,303		X	651	7 HY 200DB	1,303	0
40	SHELVING - HAND CARRY STORE	11/19/12	3,924		X	1,962	7 HY 200DB	3,924	0
41	DESK AND CRADENZA	11/21/12	500		X	250	7 HY 200DB	500	0
42	WAREHOUSE EQUIPMENT	12/31/12	4,289		X	2,144	7 HY 200DB	4,289	0
43	WATER HEATER	4/04/13	858		X	429	7 HY 200DB	858	0
45	LAPTOP	7/03/13	899		X	449	5 HY 200DB	899	0
46	LAPTOP ACCESSORIES	7/03/13	234		X	117	5 HY 200DB	234	0
47	CAMERA SYSTEM	1/01/15	2,843		X	1,422	5 HY 200DB	2,843	0
52	2017 Ford Van	11/20/17	36,310		X	0	5 HY 200DB	36,310	0
54	Van	12/24/18	42,252		X	2,434	5 HY 200DB	39,818	2,434
			<u>144,233</u>			<u>33,982</u>		<u>141,799</u>	<u>2,434</u>
Other Depreciation:									
48	Land	5/06/15	225,000			225,000	0 -- Land	0	0
49	Building	5/06/15	526,267			526,267	40 MO S/L	107,446	13,157
50	DONOR PERFECT SOFTWARE	7/23/15	17,088		X	8,544	3 MO Amort	17,088	0
51	Upgraded Lights for Warehouse	1/10/17	5,600			5,600	40 MO S/L	910	140
53	Roof over entry	8/14/17	1,060			1,060	40 MO S/L	157	26
55	LED lights - warehouse	10/14/19	19,900			19,900	40 MO S/L	1,866	497
56	Forklift	12/09/19	17,575			17,575	7 MO S/L	8,997	2,510
	Total Other Depreciation		<u>812,490</u>			<u>803,946</u>		<u>136,464</u>	<u>16,330</u>
	Total ACRS and Other Depreciation		<u>812,490</u>			<u>803,946</u>		<u>136,464</u>	<u>16,330</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		956,723			837,928		278,263	18,764
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>956,723</u>			<u>837,928</u>		<u>278,263</u>	<u>18,764</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	ALUMINUM LADDER	7/01/10	69		X	34	7 HY 200DB	69	0
2	FIBERGLASS LADDER	7/21/10	300		X	150	7 HY 200DB	300	0
3	GARBAGE CANS (10)	7/01/10	500		X	250	7 HY 200DB	500	0
4	METAL SHELVING	7/21/10	4,500		X	2,250	7 HY 200DB	4,500	0
5	RACKING	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
6	HAND CARTS	7/21/10	1,000		X	500	7 HY 200DB	1,000	0
7	PALLET JACKS (3)	7/21/10	1,350		X	675	7 HY 200DB	1,350	0
8	STEEL HAND TRUCKS (5)	7/21/10	750		X	375	7 HY 200DB	750	0
9	ELECTRIC FORK LIFT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
10	FORK LIFT CHARGER	7/21/10	600		X	300	7 HY 200DB	600	0
11	WORK TABLES	7/21/10	4,000		X	2,000	7 HY 200DB	4,000	0
12	FOLDING CHAIRS (20)	7/21/10	400		X	200	7 HY 200DB	400	0
13	WAITING ROOM CHAIRS	7/21/10	400		X	200	7 HY 200DB	400	0
14	OFFICE CHAIRS	7/21/10	750		X	375	7 HY 200DB	750	0
15	PLASTIC TOTE BINS (70)	7/21/10	700		X	350	7 HY 200DB	700	0
16	DESKS	7/21/10	750		X	375	7 HY 200DB	750	0
17	COMPUTERS (4)	7/21/10	4,000		X	2,000	5 HY 200DB	4,000	0
18	PRINTERS (4)	7/21/10	1,500		X	750	5 HY 200DB	1,500	0
19	FILE CABINETS	7/21/10	400		X	200	7 HY 200DB	400	0
20	FILE CABINETS	7/21/10	200		X	100	7 HY 200DB	200	0
21	FILE CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
22	FILE CABINETS	7/21/10	150		X	75	7 HY 200DB	150	0
23	METAL CABINETS	7/21/10	500		X	250	7 HY 200DB	500	0
24	MICROWAVE	7/21/10	100		X	50	7 HY 200DB	100	0
25	DORM ROOM REFRIGERATOR	7/21/10	100		X	50	7 HY 200DB	100	0
26	HOT WATER HEATER	7/21/10	230		X	115	7 HY 200DB	230	0
27	WEIGHT SCALES (3)	7/21/10	1,500		X	750	7 HY 200DB	1,500	0
28	POLY STRAPPING UNIT	7/21/10	500		X	250	7 HY 200DB	500	0
29	AIR CONDITIONER UNIT	7/21/10	5,000		X	2,500	7 HY 200DB	5,000	0
30	COPIER	7/21/10	200		X	100	5 HY 200DB	200	0
33	FILE CABINET	3/05/11	408		X	0	7 HY 200DB	408	0
34	ISUZU	7/21/10	7,300		X	3,650	5 HY 200DB	7,300	0
35	HP LASER PRINTER	8/31/11	490		X	0	5 HY 200DB	490	0
36	PHONE SYSTEM	9/30/11	1,382		X	0	7 HY 200DB	1,382	0
37	PHONE EQUIPMENT	10/31/11	292		X	0	7 HY 200DB	292	0
39	PHONE SYSTEM	10/11/12	1,303		X	651	7 HY 200DB	1,303	0
40	SHELVING - HAND CARRY STORE	11/19/12	3,924		X	1,962	7 HY 200DB	3,924	0
41	DESK AND CRADENZA	11/21/12	500		X	250	7 HY 200DB	500	0
42	WAREHOUSE EQUIPMENT	12/31/12	4,289		X	2,144	7 HY 200DB	4,289	0
43	WATER HEATER	4/04/13	858		X	429	7 HY 200DB	858	0
45	LAPTOP	7/03/13	899		X	449	5 HY 200DB	899	0
46	LAPTOP ACCESSORIES	7/03/13	234		X	117	5 HY 200DB	234	0
47	CAMERA SYSTEM	1/01/15	2,843		X	1,422	5 HY 150DB	2,843	0
52	2017 Ford Van	11/20/17	36,310		X	0	5 HY 200DB	36,310	0
			<u>101,981</u>			<u>31,548</u>		<u>101,981</u>	<u>0</u>
Other Depreciation:									
48	Land	5/06/15	0			0	0 HY	0	0
49	Building	5/06/15	0			0	0 HY	0	0
51	Upgraded Lights for Warehouse	1/10/17	0			0	0 HY	0	0
53	Roof over entry	8/14/17	1,060			1,060	40 MO S/L	157	26
54	Van	12/24/18	0			0	0 HY	0	0
55	LED lights - warehouse	10/14/19	0			0	0 HY	0	0
56	Forklift	12/09/19	0			0	0 HY	0	0
	Total Other Depreciation		<u>1,060</u>			<u>1,060</u>		<u>157</u>	<u>26</u>
	Total ACRS and Other Depreciation		<u>1,060</u>			<u>1,060</u>		<u>157</u>	<u>26</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		103,041		32,608		102,138	26
	Less: Dispositions and Transfers		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>103,041</u>		<u>32,608</u>		<u>102,138</u>	<u>26</u>

Bonus Depreciation Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	ALUMINUM LADDER	7/01/10	69		0	0	35	34
2	FIBERGLASS LADDER	7/21/10	300		0	0	150	150
3	GARBAGE CANS (10)	7/01/10	500		0	0	250	250
4	METAL 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	408	0
34	ISUZU	7/21/10	7,300		0	0	3,650	3,650
35	HP LASER PRINTER	8/31/11	490		0	0	490	0
36	PHONE SYSTEM	9/30/11	1,382		0	0	1,382	0
37	PHONE EQUIPMENT	10/31/11	292		0	0	292	0
39	PHONE SYSTEM	10/11/12	1,303		0	0	652	651
40	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
45	LAPTOP	7/03/13	899		0	0	450	449
46	LAPTOP ACCESSORIES	7/03/13	234		0	0	117	117
47	CAMERA SYSTEM	1/01/15	2,843		0	0	1,421	1,422
50	DONOR PERFECT SOFTWARE	7/23/15	17,088		0	0	8,544	8,544
52	2017 Ford Van	11/20/17	36,310		0	0	36,310	0
54	Van	12/24/18	42,252		0	0	39,818	2,434
Grand Total			161,321		0	0	118,795	42,526

Depreciation Adjustment Report

All Business Activities

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

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

Other Depreciation:

48	Land	5/06/15	225,000	0	0
49	Building	5/06/15	526,267	13,157	0
50	DONOR PERFECT SOFTWARE	7/23/15	17,088	0	0
51	Upgraded Lights for Warehouse	1/10/17	5,600	140	0
53	Roof over entry	8/14/17	1,060	27	27
55	LED lights - warehouse	10/14/19	19,900	498	0
56	Forklift	12/09/19	17,575	2,511	0
	Total Other Depreciation		<u>812,490</u>	<u>16,333</u>	<u>27</u>
	Total ACRS and Other Depreciation		<u>812,490</u>	<u>16,333</u>	<u>27</u>

Future Depreciation Report **FYE: 6/30/25**

FYE: 6/30/2024

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Grand Totals		<u>956,723</u>	<u>16,333</u>	<u>27</u>

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24		

Name: **SOS INTERNATIONAL, INC.** Taxpayer Identification Number: **** - *** 4272**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	4,445,760	5,512,653	1,066,893
	2. Membership dues and assessments			
	3. Government contributions and grants	700,000		-700,000
	4. Program service revenue	73,307	89,600	16,293
	5. Investment income	25,440	24,127	-1,313
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-5,522	-22,923	-17,401
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	222,311	313,197	90,886
	11. Other revenue	8,978	11,586	2,608
	12. Total revenue. Add lines 1 through 11	5,470,274	5,928,240	457,966
Expenses	13. Grants and similar amounts paid	3,628,784	4,288,193	659,409
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	106,390	116,154	9,764
	16. Salaries, other compensation, and employee benefits	314,983	555,762	240,779
	17. Professional fundraising fees			
	18. Other professional fees	95,597	39,563	-56,034
	19. Occupancy, rent, utilities, and maintenance	639,823	45,714	-594,109
	20. Depreciation and Depletion	23,291	18,764	-4,527
	21. Other expenses	266,080	309,736	43,656
	22. Total expenses. Add lines 13 through 21	5,074,948	5,373,886	298,938
	23. Excess or (Deficit). Subtract line 22 from line 12	395,326	554,354	159,028
Other Information	24. Total exempt revenue	5,470,274	5,928,240	457,966
	25. Total unrelated revenue			
	26. Total excludable revenue	330,036	438,510	108,474
	27. Total assets	7,180,054	7,734,809	554,755
	28. Total liabilities	673,663	642,683	-30,980
	29. Retained earnings	6,506,391	7,092,126	585,735
	30. Number of voting members of governing body	13	13	
	31. Number of independent voting members of governing body	13	13	
	32. Number of employees	19	20	
	33. Number of volunteers	2318	3103	

Form 990 | **Tax Return History** | **2023**

Name: **SOS INTERNATIONAL, INC.** | Employer Identification Number: ****-***4272**

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	5,423,686	4,916,619	4,630,449	5,145,760	5,512,653	
Membership dues						
Program service revenue	46,370	53,288	73,711	73,307	89,600	
Capital gain or loss	28,771					
Investment income	16,973	17,128	15,723	25,440	24,127	
Fundraising revenue (income/loss)	-15,403		-11,563	-5,522	-22,923	
Gaming revenue (income/loss)						
Other revenue	278,811	189,113	247,321	231,289	324,783	
Total revenue	5,779,208	5,176,148	4,955,641	5,470,274	5,928,240	
Grants and similar amounts paid	5,092,277	4,298,834	3,857,956	3,628,784	4,288,193	
Benefits paid to or for members						
Compensation of officers, etc.	90,623	104,611	105,910	106,390	116,154	
Other compensation	359,412	391,225	513,288	314,983	555,762	
Professional fees	32,278	39,048	33,489	95,597	39,563	
Occupancy costs	36,227	34,569	49,417	639,823	45,714	
Depreciation and depletion	36,301	28,627	25,381	23,291	18,764	
Other expenses	170,362	212,505	261,104	266,080	309,736	
Total expenses	5,817,480	5,109,419	4,846,545	5,074,948	5,373,886	
Excess or (Deficit)	-38,272	66,729	109,096	395,326	554,354	
Total exempt revenue	5,779,208	5,176,148	4,955,641	5,470,274	5,928,240	
Total unrelated revenue						
Total excludable revenue	370,925	259,529	336,755	330,036	438,510	
Total Assets	6,746,375	6,863,271	6,813,074	7,180,054	7,734,809	
Total Liabilities	800,957	792,773	711,886	673,663	642,683	
Net Fund Balances	5,945,418	6,070,498	6,101,188	6,506,391	7,092,126	

Federal Statements

FYE: 6/30/2024

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
COMMUNITY FOUNDATION	\$				1	
ENDOWMENT	24,127				1	
TOTAL	<u>\$ 24,127</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TOTAL	\$ 21,733	\$ 0	\$ 5,432	\$ 16,301
	\$ 21,733	\$ 0	\$ 5,432	\$ 16,301

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
LICENSES	\$ 1,141	\$ 856	\$ 285	\$ 0
TOTAL	\$ 1,141	\$ 856	\$ 285	\$ 0
	\$ 1,141	\$ 856	\$ 285	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS VARIOUS HEALTH AND HOPE	\$ 5,470,133
CASH CONTRIBUTION	42,520
TOTAL	<u>\$ 5,512,653</u>

Schedule A, Part II, Line 9(e)

Description	Amount
COMMUNITY FOUNDATION ENDOWMENT	\$ 24,127
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 23,127</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
SHIPPING REVENUE	\$ 89,600
RECYCLING	2,467
MISCELLANEOUS INCOME	1,958
COMMUNITY FOUNDATION SALE OF INVENTORY	7,161
HEALTH AND HOPE	313,197
TOTAL	<u>\$ 414,383</u>