Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



Certified Public Accountants and Business Advisors

September 22, 2017

Sozo Children International c/o Suzanne Owens 4 41st Street South Birmingham, AL 35222

Dear Suzanne,

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2017.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Haynes Downard LLP



Certified Public Accountants and Business Advisors

September 22, 2017

Sozo Children International c/o Suzanne Owens 4 41st Street South Birmingham, AL 35222

Dear Suzanne,

We have prepared and enclosed your 2016 Form 114, Report of Foreign Bank and Financial Accounts.

Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your report to the FinCEN. Return Form 114A to us by October 15, 2017.

Very truly yours,

Haynes Downard LLP

**** THIS IS NOT A FILEABLE COPY ****

Form 11/12

Record of Authorization to

Form 114a	Record of Authorization to									
Department of the Treasury	Electr	onically F	File I	FBARs						
Financial Crimes Enforcement Network (FinCEN)	(See ins	(See instructions below for completion)								
	Do not send to F									
May 2015		m 114a may be				SOZO	OCHI20160001			
Part I Persons who hav	e an obligation to file a Report o	f Foreign Bank	and Fin	ancial Account(s)						
1. Owner last name or entity SOZO CHILDREN C/O SUZANNE OW	o's legal name INTERNATIONAL		2. Own	er first name			3. Owner M.I.			
Spouse last name (if joint	ly filing FBAR - see instructions be	,	•	use first name			6. Spouse M.I.			
filing year ending December and complete; that I/we aut Report of Foreign Bank and	I/we declare that I/we have provided information concerning 1 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2016 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.									
7. Owner signature (Author		8. Date	00/	9. Owner or entity TIN 274552700	1	10. TIN type	a X EIN b SSN/ITIN c Foreign			
* THIS IS NOT 11. Spouse signature	A FILEABLE COPY *	12. Date	13. Spouse TIN 14. TIN type			a EIN b SSN/ITIN c Foreign				
Part II Individual or Er	ntity Authorized to File FBAR on I			have an obligation to	file.					
15. Preparer last name		16. Preparer fir	16. Preparer first name 17. Preparer first name			oarer M.I				
JONES JR	LEWIS				F	P00013592				
19. Address	20. City	T 7. M.		21. Stat AL		22. ZIP/postal code				
2121 2ND AVENU	BIRMINGH	25	Employer EIN		parer's s					
code	Preparer's (item 15) employer's (Er	ility) Hame		, ,						
code US HAYNES DOWNARD LLP 63-1133963 LEWIS F. JONES, JR. Instructions for completing the FBAR Signature Authorization Record This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such										

services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filling entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 15	45-1878
------------	---------

For calendar year 2016, or fiscal year beginning ______, 2016, and ending _____

Department of the Treasury

nternal Revenue Service

Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization Sozo Children International Employer identification number 27-4552700

c/o Suzanne Owens

Name and title of officer

Suzanne Owens Chief Executive Officer

Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,273,292.
ta Tollitoco di Colonia	2b	
Za Tomitoco Zz chockine.	3b	
30 Oilli 1 1201 OE SHOSH 11012 F	4h	
4d 10111130011 01100111011	5h	
5a Form 8868 check here b Balance Due (Form 8868, line 3c)	O.	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only		000110	1
X Lauthorize Haynes Downard	LLP	to enter my PIN 88712 Enter five numbers, b) out
	ERO firm name	do not enter all zeros	;
	war 2016 alastropically filed return	If I have indicated within this return that a copy of the return	

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signat indicated within this return that a copy of the return is being filed program, I will enter my PIN on the return's disclosure consent s	ture on the organization's tax year 2016 electronically filed return. If I have a with a state agency(ies) regulating charities as part of the IRS Fed/State screen.
and a cionatura	Date

Officer's signature

Part III | Certification and Authentication

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

63554588712 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date > 09/22/17 ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So FINANCIAL CRIMES
ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

SOZOCHI20160001

FinCEN Form 114

	Filing Name	SOZO CHILDREN INT				
	Submission Type	NEW				
			PIN <u>N</u>	OT REQUIR	ED	
	ne E-file system will e FBAR must be rece	is submitted by an authorized tale auto complete item 46. Sived by the Department of the Tre				
s repo	t filed late for the follo	owing reason (Check only one):				
b.	Did not know	that I had to file				
c.	Thought acco	ount balance was below reporting	threshold			
d.	Did not know	that my account qualified as fore	ign			
e.	Account stat	ement not received in time				
f.	Account stat	ement lost (Replacement request	ed)			
g.	Late receivin	g missing required account inforn	nation			
h.	Unable to ob	otain joint spouse signature in time	?			
i.	Unable to ac	ccess BSA E-filing system				
Z.	Other (pleas	e provide explanation below)				

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2016

Amended

Part I File	er information		SOZO	CHI2	01600	01						
2 Type of filer												
a Individu	ıal b Partnershi	p c X Corp	oration d	С	onsolidate	d e [Fiduc	ciary or o	ther - Ente	er type	e 5 Individual's da	ata of hirth
3 U.S. Taxpaye	r Identification Number	3a TIN type	i		ification (C				t applicable)	b individual's da //MM/DD	
27455270	0	SSN/ITIN	a Type:	P	assport [F	oreign TIN	1 [] C	ther	-		
number co	U.S. Identification omplete item 4	X EIN	b Numb	oer	С		try of Issue	-			8 Middle initial	8a Suffix
SOZO CHI	organization name ILDREN INTER ANNE OWENS		·····			/ Fir:	sthame					
9 Mailing addre	ess (number, street, and	d apt. or suite n	10.)									
4 41ST	STREET SOUT	'H										
10 City			11 State	12 ZIP	P/Postal Co	de	13 Count	ry				
BIRMING	MαΉ		AL	352	22		USA					
14 a) Does the	e filer have a financial in Enter number of acc	counts		Do not	complete l					ords of	f the information	
b) Does the	e filer have signature at Enter number of acc	counts		Comp. F	art iv, nem	5 34 II	e financial nrough 43 f	account or each pe	s? erson on wl	hose b	ehalf the filer has s	ign. authority
	formation on fina		int(s) ow	ned s	Eeparate	coup	t a X B	ank b	Secur	rities	c Other - En	ter type belov
15 Maximum va	alue of account during 19,708		unknow		Type or ac	Codii	t aces b	um 2-				
17 Name of fine	ancial institution in whic	ch account is h										<u>.,</u>
	mber or other designat	ion 19 Mailir PI	ng address	620,	1621	ه, ه	x 1044	4			which account	is held
20 City LUBOWA		21 State	e, if known	2	22 Foreign 0 4 1	posta 712	al code, if 25036	known 2	UGANI)A		
Signature	44a Check here	X if this repor	t is comple	eted by	a third par	ty pre	parer and	complet	e the third	party	preparer section	n. YYY1
44 Filer signate	ure 45 F will be electronically ed when filed	iler title, if not r	eporting a	persona			— т	1			Date (MM/DD/Y This date will auto FBAR is electron 51a TIN type	o-fill when the ically signed
	47 Preparer's last na	me 48 Firs			49 MI F	50 Ch se	ıeck∟⊥ i If-employe)1359	2	SSN/ITIN	Foreig X EIN
Third Party Preparer	52 Contact phone n 205-254-338	0	53 Firm's HAYNES	OO 3		LL	P ,	63-3	rm's TIN 11339		54a TIN type	Foreig
Use Only	55 Mailing address 2121 2ND AV	(number street	apt. or su	ite no.) SUIT	56 City BIRMII	IGH.	AM	57 Sta	te 58 Z 352		stal Code	59 Country US

Extended to November 15, 2017

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)

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

OMB No. 1545-0047 16 Open to Public Inspection

Departm	ent of the Revenue S	Treasury	► Information about Form 990 and its instructions is at www.i	rs.gov/form990.	Inspection
Λ For	the 20	16 calen	dar year, or tax year beginning and ending		·
B Chec		C Name	of organization	D Employer identificat	ion number
appl	icable:	Soze	o Children International		
A c	ddress hange	c/o	Suzanne Owens	27-45	52700
	lame hange	Doing	business as Room/suit		
	nitial eturn	Numbe	er and street (or P.O. box it mail is not delivered to street delivered	205-40	01-8968
	inal eturn/	4	41st Street South	G Gross receipts \$	2,462,634.
a	ermin- ited	City or	town, state or province, country, and ZIP or foreign postal code	H(a) Is this a group retu	ırn
r	mended eturn	Bir	mingham, AL 35222	for subordinates?	
1 11	Applica- ion pending	F Name	and address of principal officer: Suzanne Owens 11th Avenue South, Birmingham, AL 352	0 H(b) Are all subordinates inclu	uded? Yes No
		2824	X 501(c)(3) 501(c)(If "No," attach a lis	st. (see instructions)
1 Ta	x-exem	pt status:	[[X] 301(0)(0) [30 (0) () ,	H(c) Group exemption	number 🕨
J W	ebsite:	agnization:	X Corporation Trust Association Other ► L Ye	ar of formation: 2010 M	State of legal domicile: Au
Par	+ 1 S	ganization. Summai	rv		i on a 1
Fai	1 0	iofly desc	ribe the organization's mission or most significant activities: Sozo Chil	dren Internat	TOHAT
<u>8</u>	1 Br	xists	ribe the organization's mission or most significant activities: Bozo efficient to glorify God by interceding on Chris	st's benair to	save
Activities & Governance	2 C	heck this	hox if the organization discontinued its operations or disposed of the	Jie triair 2070 or its ill	12
Š			usting mombers of the governing body (Part VI, line 1a)		11
ğ			by demandant voting members of the governing body (Part VI, line 10)		17
88	е т	atal numb	per of individuals employed in calendar year 2016 (Part V, line 2a)		447
Vitie		1 - 1	er of voluntoors (estimate if necessary)		0.
ξ	7 a T	otal unrela	ated business revenue from Part VIII, column (C), line 12		0.
	bΝ	et unrelat	ted business taxable income from Form 990-T, line 34		Current Year
			(D. 1100 Per 4b)	1,065,217.	1,865,002.
e e	8 C	Contributio	ons and grants (Part VIII, line 1h)	0.	0.
Revenue	9 P	rogram se	t income (Part VIII, line 2g) tricome (Part VIII, column (A), lines 3, 4, and 7d)	553.	-7,355.
Re	10 lr	nvestmen:	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	329,564.	415,645.
	11 0	other reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,395,334.	2,273,292.
	12 T	Otal rever	d similar amounts paid (Part IX, column (A), lines 1-3)	258,326.	319,270:
	44 5	Popofite n	aid to or for members (Part IX, column (A), line 4)	0. 265,481.	438,332.
			ther componention, employee benefits (Part IX, column (A), lines 5-10)	265,461.	0.
Expenses	160 5	Profession	nal fundraising fees (Part IX, column (A), line 11e)	0.	
per	l h	Lotal fillog	raising expenses if art ix, column (b); in a	750,173.	860,442.
ŭ	47 /	Other ove	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,273,980.	1,618,044.
	40	Total eyne	enses, Add lines 13-17 (must equal Part IX, column (A), line 25)	121,354.	655,248.
		Revenue I	less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
or Sec				723,998.	1,277,246.
Assets Ralan	20	Total asse	ets (Part X, line 16)	102,000.	0.
at As	21	Total liabi	ilities (Part X, line 26)	621,998.	1,277,246.
25	22	Net asset	ts or fund balances. Subtract line 21 from line 20		
			Iture Block jury, I declare that I have examined this return, including accompanying schedules and s	atements, and to the best of n	ny knowledge and belief, it is
Uni	der pena	itties of ber	plete. Declare that I have examined this feturity modeling decompanying an all information of which pre-	parer has any knowledge.	
tru	e, correc	, and com	Photo: population of broken a /-	Date	
e:	nn.	Sig	nature of officer	Date	
Sig		Sı	uzanne Owens, Chief Executive Officer		
ПЕ	ere	Typ	pe or print name and title	Date Check	I I PTIN
		Print/Typ	preparer's name Preparer's signature	ال العام الله	L
Pa	id	t.ewi	s F. Jones, Jr. Lewis F. Jones, or	Firm's EIN ▶	63-1133963
	eparer	Firm's na	Haynes Downard LLP	THIII S LIV	
	e Only	Firm's ac	ddress 2121 2nd Avenue North, Bures 100	Phone no. 2	05-254-3380
		ı	Birmingham, AL 35203	Ti nono non	X Yes No
M	ay the	IRS discu	ss this return with the preparer shown above? (see instructions)		Form 990 (2016

	SOZO CHITUTEN INCENDE	27-4552700 Pag	ge 2
orm 99	00 (2016) c/o Suzanne Owens		Management
Part	III Statement of Program Service Accomplishments		X
	Check if Schedule O contains a response or note to any line in this Part III		
1 B			
		tres the love	
Ŧ	Sozo Children exists to glorily God through saving entrough of the community, and connecting individuals to exper	ience the love	
-	of Jesus Christ.		
-			
	old the organization undertake any significant program services during the year which were not listed on the		7
2	prior Form 990 or 990-EZ?	Yes X	J No
,			_
ì	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
3 [oid the organization cease conducting, or make significant changes in now it conducts, any program of the	***************************************	
4 [e "Yes," describe these changes on scriedule 6. Describe the organization's program service accomplishments for each of its three largest program services, a	are the total expenses and	
5	Describe the organization's program service accomplishments to report the amount of grants and allocations to other section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other sections.	iers, the total expenses, and	
r	evenue, if any, for each program service reported.		
	061 /37 institution groups of \$ 2/3,000 •) (Reve	nue\$,
74 (- 3040 g - Ghildman guggoggfully launched the obelli	g or a	
-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	.CL CIL TILO INC	<u></u>
-	- '1 f. d. alathing shalter medical cale, allu cu	icacron co	
-	-1 -1 -1 -1 -1 -1 -1 -1		.es
		I OL CHILD CYPO	-
	care. For children who have caretakers but lack the med	ns for educati	on
	and medical care, Sozo empowers those families to provi	de. Sozo has	
	and medical care, Sozo empowers those lamilles to provi	2015 Sozo	
	since grown to serve over 120 children. In February of	the Village	
			cen
	- ' bigh is a sommunity transformal long tellor	O HOUSE CALLES	. СП
	in need and provide the surrounding community with med	ical care and	
	quality education.		
	100 412 45 464 \ (Rev	enue \$)
	- Color - Colo	<u>nildren partner</u>	<u> </u>
	The familiag who might not be able to selle clicit curt	arch co were	or
	The state of the s	CO COLLCALIAC	
	first the terminal have the opportunity to	O TECETAE OT	
	education. This partnership is not to enable, but equi	n children to b	be
	education. This partnership is not to entart, and this partnership	rshin ensures	
	future leaders in their communities. Also, this partner than their communities of the state of t	an continue in	
	children are receiving adequate medical care so they c	on to be in	
	Table 1 and load healthy lives. SOZO SLILVES LUL CHILLE	CII CO 20	
	relationship with their family and further provide edu	cation and	
	medical care for the severely disadvantaged.		
	111001100110110110110110110110110110110		
	(a. t.) (Expanses \$ 51,150 • including grants of \$) (Re	venue \$)
4c	Code:	to developing	
	1 1 1 1 Laram attacktd in hraakiin ind Civ	CIE OI DOVELOY	•
	Sozo partners with local leaders and like-minded minis	tries to furth	er
	development work in impoverished shed communities and	the empowermen	t
	development work in impoverished shed communicies and	wer national	
	of individuals. To create change, Sozo strives to empo	Wei Hacionar	
	individuals to lead these efforts.		
4d		267,685.)	
	(Expenses \$ 224,369 • including grants of \$) (Revenue \$		
40	Total program service expenses \(\) 1,366,368.	0.0	10 (004)

4e Total program service expenses ▶

Form **990** (2016)

Sozo Children International c/o Suzanne Owens

Eorm 9	990 (2016) c/o Suzanne Owens 27-45	52700		Page	3
Par	IV Checklist of Required Schedules		T.,	т.	
			Ye	s N	0
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١,	$ _{x}$.	
	If "Vos " complete Schedule A	1	$+\hat{x}$		
_	substantian required to complete Schedule B. Schedule of Contributors?		1-	-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١,	X
	re of the Was II complete Schedule C. Part I		┼	+-	7
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in elec	iect		,	X
7			-	+	.7
5	to the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, c	'		١,	v
J	instant and defined in Revenue Procedure 98-197 If "Yes," complete Scriedule C, Fait III	·····	┼	+	<u>X</u> _
6	the manifest and depart advised funds or any similar funds or accounts for which donors have the right to			.	٠,
0	Did the organization maintain any donor advised failed of any similar failed of accounts? If "Yes," complete Schedule D, Perprovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Perprovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Perprovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Perprovide advice on the distribution or investment of amounts in such funds or accounts?	art / 6		- ·	<u>X</u> _
7	bid the examination receive or hold a conservation easement. Including easements to preserve open space,	i			.,
7	is a second biotoxic land gross, or bictoric structures? If "Yes," complete Schedule D, Part II	7	4		<u>X</u> _
_	the environment, historical dreas, or historical treasures, or other similar assets? If "Yes," complete				
8	Cahadula D. Part III	8			<u>X</u> _
_	Bit the association report on amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	amounts not listed in Part X, or provide credit coursesing, doct management, and in Part X, or provide credit coursesing, doct management, and in Part X, or provide credit coursesing, doct management, and in Part X, or provide credit coursesing, doct management, and in Part X, or provide credit coursesing, doct management, and in Part X, or provide credit coursesing, doct management, and in Part X, or provide credit coursesing, doct management, and in Part X, or provide credit courses in	9	$oldsymbol{\perp}$		<u>X</u>
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permar	ent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10			<u>X</u>
	endowments, or quasi-endowments, it res, compared of the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or	X			
11					
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule I),			
а	Did the organization report an amount for land, buildings, and equipment in acceptance of the control of the co	11	a .	X	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total				
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11	b		X
	assets reported in Part X, line 167 if *Yes, complete schedule B, Fart VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total				
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11	c L		X
	assets reported in Part X, line 16? If Yes, complete schedule B, Fart VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in				
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% of more of its total assets in Part X,	11	d	- 1	X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11	e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		T		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11	1f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X				
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	2a l	- 1	Х
	Schedule D, Parts XI and XII				
ŧ	Was the organization included in consolidated, independent audited financial statements for the tax year?	12	h l		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1	3		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			$\overline{\mathbf{x}}$	
148	Did the organization maintain an office, employees, or agents outside of the United States?		+		
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busine	100			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0	,00	4b	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		15	Х	
	tavaign examization? If "Yes " complete Schedule F, Parts II and IV	······ '	+		
16	Did the organization report on Part IX. column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 1	ا ي	Х	ĺ
	or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	<u> </u> -	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	İ			v
11	(A) Figure C and 11c2 If "Ves." complete Schedule G. Part I		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, III	es		v	
10	t - and 000 If "Ves " complete Schedule G. Part II	L	18	X	<u> </u>
40	then \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,	1			77
19	complete Schedule G, Part III		19		X
-	Complete Concurs of the Control of t	F	orm	990	(201)

orm 99	90 (2016) c/o Suzanne Owens			
art	IV Checklist of Required Schedules (continued)		Yes	No
-		20a		X
na C	to the second property of the second property	20b		
	The argonization attach a conviction of its stidited financial statements to this return.	200		-
	to the state than \$5,000 of grants or other assistance to any domestic organization of			Х
	L == Deet IV column (Λ) line 17 If "Yes." Complete Scriedule I, I dits I did II	21		+
	then \$5,000 of grants or other assistance to or for domestic individuals on			X
		22		12
	INVESTIGATION A line 3 A Or 5 about Compensation of the organization			
23 E	Did the organization answer "Yes" to Part vii, Section A, line 6, 4, 61 of about the organization answer "Yes, " complete and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
		23		<u> </u>
	the state with an outetanding Drincipal alliquit Ut ποιο αια στου, στο αια στου, στο αια στου, στου στου αια στου, στου αια στου, στου αια στου, στου αια στου, στο			
24a [Did the organization have a tax-exempt bond issue with an outstanding philospatian philospatian by the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
ŀ	ast day of the year, that was issued after becember 61, 2002	24a		X
,	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u>L</u>	
b l	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary parties from the year to defease Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
c l	Did the organization maintain an escrow account other than a refunding escrow at any time assumption,	24c		
í	any tax-exempt bonds?	24d		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		25a		X
	in the an evener handlift transaction with a disqualited person in a price of the		1	
	the state has not been reported on any of the organization's prior to this 350 or 550 East	25b	1	X
	- 1 1 D 11	200	+-	+
	to the bank of the E. G. or 22 for receivables if Oill UI payables to any content of			
26	Did the organization report any amount on Part X, line 3, 0, or 22 for recordance them to the persons? If "Yes," former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
	L. Co-be-dulo I. Port II	26	+-	- <u> </u>
	the amount or other accietance to an officer director, trustee, key employee, substantial			
27	thereof a grant selection committee member, or to a 35% controlled critity of latting members, or to a 35% controlled critity of latting members, or to a 35% controlled critity of latting members, or to a 35% controlled critity of latting members, or to a 35% controlled critity of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy of latting members, or to a 35% controlled criticy or latting members, and the second critical critica			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27	4_	<u> </u>
	of any of these persons? If Yes, Complete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	Was the organization a party to a business transaction with organization by the continuous transaction of the continuous trans	1		
	instructions for applicable filing thresholds, conditions, and exceptions):	288	1	X
а		28		X
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
С	the former officer director trustee of key employee (of a family member trustee)			X
		29	_	X
29			\top	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified object taken	30	, l	X
00	contributions? If "Yes," complete Schedule M	 "	+	
04	Did the experiention liquidate terminate or dissolve and cease operations?	ا ،	.	X
31	L. O-bbile M. Port I	. 3	'⊢	- - '
	If "Yes," complete Scriedule 14, Fart 1. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_	_	X
32		. 3	2	
	to the state of an antity digregarded as separate I/OII the organization and or regulation	ı		١,,
33	on it Was I somplete Schedille B. Pall I	. 3	3	<u> </u>
	sections 301.7701-2 and 301.7701-37 IF Yes, Complete Schedule 11, 11 and Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule 12, Part II, III, or IV, and			١.
34	Was the organization related to any tax-exempt or taxable entity: " , res, company	3	4	Σ
	Part V, line 1	35	5a 📗	2
358	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)?		T	
ł	a Did the organization have a controlled entity within the meaning of order or engage in any transaction with a controlled entity of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity of It was to be controlled. Part V line 2	35	5b	
		; -	\neg	
00	2 the satisfy prespirations. Did the organization make any transfers to an exempt horizontalidate rolated organizations.	- 1	6	
- 30	L. O-ttule D. Port V. line 2	·	-	-
36	that is not a related organization			
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 1		
36	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3	+	-+
	and that is treated as a partnership for federal income tax purposes? If Yes, Complete General Provide explanations in Schedule O for Part VI, lines 11b and 19?	- 1	38	х

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	Ť	Yes	No
	5 la	-+	100	-110
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable	.		
b		. 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		
	(gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 1.7			
	filed for the calendar year ending with or within the year covered by this return 2a 2 17 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
b	If at least one is reported on line 2a, did the organization line an required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a	Did the organization have unrelated business gross income of the control of the organization have unrelated business gross income of the control of the cont	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
	If "Yes," enter the name of the foreign country: ► Uganda			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	We also appropriately a protection a problem to a problem to a shelter transaction at any time during the tax year?	5a	<u> </u>	X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	VIV I to line Fe or Fb, did the organization file Form 8886-T?	5c		
C	Does the organization have appual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		1,7
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	<u> </u>
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
Ŋ	were not tax deductible?	6b		┼──
7	a visual that may repaire deductible contributions under section 170(c).			x
_	Did the organization receive a navment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.	7a	-	+^-
b	It "Voo " did the organization notify the donor of the value of the goods or services provided?	7b	-	+-
c	Bid the examination sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x
	to file Form 92922	10	+	+==
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
е	Did the exceptation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.	7f	T	+
f	Bit the appropriation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h	If the organization received a contribution of qualified intollers, or other vehicles, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	1	
	sponsoring organization have excess business holdings at any time during the year?		1	
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
b				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	_	ı	
a	Town 000. Bort VIII. line 12, for public use of club facilities [100]	_		
t				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1	
	the secure of the secure of the pet amounts due or naid to other sources against		1	
ī	amounts due or received from them.)		1	
10	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	a	
120	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Costion 504(a)(20) qualified nonprofit health insurance issuers.	<u> </u>	+	
	2. Is the organization licensed to issue qualified health plans in more than one state?	13	a	+
	Note. See the instructions for additional information the organization must report on Schedule O.			
	h. 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	\dashv		1
	e. Enter the amount of reserves on hand	14	_	$\frac{1}{X}$
	By the property and payments for indoor tanning services during the tax year?			+=
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u> 14</u>		90 (201

Sozo Children International

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Form 990 (2016)

C/O Suzanne Owens

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

	to line od, ob, or rob below, december the			X
	Check if Schedule O contains a response or note to any line in this Part VI			-
Sect	on A. Governing Body and Management			No
	1.1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If those are material differences in voting rights among members of the governing body, or it the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 9.	. 1		
	to the mamb are included in 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	2		Х
3	the state control over management duties customarily performed by or under the direct supervision	3		Х
Ü	with the state of key employees to a management company of other persons.	4	\dashv	X
4	to the street changes to its governing documents since the pilot form 550 was most financial.	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets:	_	\dashv	X
	the base members or stockholders?	6	-+	
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	_		Х
7a	the approximated body?	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l l		Х
a		7b		
	Distance agreement from personal state of the property of the			
8	The governing body?	8a	X	
а	The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body?	8b	Х	
b	to the desired at the			
9	Is there any officer, director, trustee, or key employee used in activity cost in Schedule O organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
	organization's mailing address? If "Yes, provide the maines and addresses in Security and Internal Revenue Code.)			
Sec	tion B. Policies (This Section B requests information about policies not required by		Yes	No
	Lucy has an affiliator?	10a		_X_
10a	Did the organization have local chapters, branches, or affiliates?			
b	Did the organization have local chapters, branches, or difference during the activities of such chapters, affiliates, If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	and branches to ensure their operations are consistent with the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this 1 orm 350.	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		Х	
ŀ	which the property of the state			
(Bill the expeniention regularly and consistently monitor and enforce compliance with the policy? A 7 co, december	12c	X	
	in Schedule O how this was done		X	
13	5.1.1. and a written whistlehlower policy?	·	X	
14		-	T	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ļ		
	and contemporaneous substantiation of the deliberation and decision:	 15a		х
	The control of the co	15b	+	X
	Other officers or key employees of the organization	. 130	+-	+==
	which the state of the december the process in Schedule () (see Instructions).		1	1
16	a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
		16a	+	+
	to the program of the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	1	
	is init venture errangements under applicable federal tax law, and take steps to saleguard the organization of			
	exempt status with respect to such arrangements?	16b		
-	ection C. Disclosure			
_				
17	to make its Forms 1023 (or 1024 if applicable), 990, and 950-1 (Occitor of 1076)	y) availa	able	
18	with the standard bounds made these available (Theck all Indiapply)			
	X I I non request			
	Own website (Owhether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ancial	
19	man the state of t			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
2	State the name, address, and telephone number of the person who persons are significant. Suzanne Owens - 205-401-8968			
	Suzanne Owens - 203-401 0500 4 41st Street South, Birmingham, AL 35222			
	4 41St Street South, Bilmingham, 12 - 1-	Fo	rm 99	0 (201

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. related arganization compensated any current officer, director, or trustee

Id former such persons. Check this box if neither the organizat (A)	(B)			- IU	,)			(D)	\-,	(F)
Name and Title	Average		Position do not check more th			thon 5	[Reportable	Reportable	Estimated
Name and Title	hours per	hov	unfac	e ner	son t	is bott	an I	compensation	compensation	amount of
	week	offic	er an	da dir	recto	r/trust	ee)	from	from related	other
	(list any	cto		1				the	organizations	compensation from the
	hours for	rdire				Eg.		organization	(W-2/1099-MISC)	organization
	related	stee o	ruster			bens		(W-2/1099-MISC)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	titutic	Officer	yem	ghest	Former			Ŭ
	line)	Ē	lus	5	- 2	로 등	<u>e</u>			
1) Jeff Culton	5.00							0.	0.	0
irector		X	_		_	┼	_	<u> </u>		
2) Jerry Garland	5.00	٠,,						0.	0.	0
irector		X	<u> </u>	<u> </u>	├-	_	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
3) Sherry Olivier	5.00	٠,,						0.	0.	\ c
irector		X	├	<u> </u>	⊢	┼	├-			
4) Todd Reeves	5.00	x						0.	. 0.	(
irector	- F 00	10		┝	╀	+	-			
(5) Russell Thomas	5.00	x						0	.\ 0.	(
)irector	5.00	∤≏	┼	├	╁	+	\vdash	 		
(6) Johnny Laurent	3.00	x						0	. 0.	
Director	5.00	+^	\vdash	+	╁	十	╁			
(7) Rob Barber	3.00	$ _{\mathbf{x}}$						0	. 0.	,
Director	5.00	┼	╁	+-	╁╴	+	+			
(8) Kelly Carlton	3.00	$ _{\mathbf{x}}$		x				0	. 0	
Treasurer	5.00	+	+-	+	╁	十	十			
(9) Cathy Farren	3.00	٦×		x	:			0	. 0	•
Secretary	5.00		+	+==	+	+	十			
(10) Thomas Schrock	3.00	$\forall x$		x	:			0	. 0	•
Chairman of the Board	40.00		+	+	+	- -	十			
(11) Allen Nunnally	40.00	$\exists x$:	X	اا			36,993	. 0	
Chief Operations Officer	40.00		+-	+=	+	十	十			
(12) Suzanne Owens	10.00	۲	اا	x				41,805	. 0	•
Chief Executive Officer		┿	+	艼	+	十	十			
		\dashv								
		+	+	+	十	\top	\top			
		\dashv								
		+	\top	\top	十	十	\top			1
		٦								
		\top	\top		丁	\top	T			
		\exists			\bot		\perp			
		J	T		T					
				\perp	\bot		$oldsymbol{\perp}$			Form 990 (2

(A) (B) (C) (C) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A								(E) Reportable	Est	(F) imated		
Name and title	hours per week	box.	not ch unles	eck na	nore the son is t ector/t	ooth a	٦ [compensation	compensation from related	C	ount of other	
	(list any hours for related organizations	Individual trustee or director	al trustee		yee	employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	ensatiom the anization relate	on d
	below line)	Individual	Institutional trustee	Officer	Key employee	employee	5			orga	nizatio	
		1										
		十	-			1						
		$oldsymbol{+}$	-			1	\dagger					
		+	\vdash	-		\dashv	+					
		}	+	_	H		+					
		1		\vdash	\perp	\dashv	_			+	*	
		1					_			-		
		1								-		
		7										
b Sub-total								78,798 0				
c Total from continuation sheets to	Part VII, Section A						A	78,798	. 0	•		
Total number of individuals (includin	ng but not limited to	thos	se lis	ted	abov	e) wł	o re	eceived more than \$10	00,000 of reportable			_
compensation from the organization									omployee on		Yes	1
Did the organization list any former	- I for ough individu	101								3		\downarrow
	e a foi such individe						1 - 41-					
line 1a? If "Yes," complete Schedule For any individual listed on line 1a, i	is the sum of reports	able						ner compensation from For such individual		. 4		1
line 1a? If "Yes," complete Schedule For any individual listed on line 1a, i and related organizations greater th	is the sum of reports nan \$150,000? If "Ye	able es, " (nens	com satio	piete n fro	m an	v un	relat	ner compensation from for such individual ed organization or inc	lividual for services	4		
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Sozo Children International

Form 990 (2016)

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	Unrelated business	Revenue excluded from tax under sections 512 - 514
ar Amoun	Federated campaigns 1a 1b 1b 1c 1c 1c 1d		revenue	revenue	512-514
Contributions and Other Sin	All other contributions, gifts, grants, and similar amounts not included above	1,865,002.			
Program Service Revenue a b c d e	Business Co	de			
f g	All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and	> 210			312.
4 5	other similar amounts)	312 al	•		312
k	Net rental income of (loss)	>			
	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities (ii) Other 40,00	0. 57.	-7,667.		
Revenue	d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a	35.	/ , 00 / .		
0	c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b	100 884	1.		199,884
10	c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances ab Less: cost of goods sold b 51,9 c Net income or (loss) from sales of inventory	85. 24. 215,76	1. 215,761		
11	Miscellaneous Revenue Business a b c d All other revenue	Code			
12	e Total. Add lines 11a-11d	≥ 2,273,29	2. 208,094		0. 200,196 Form 990 (20

Sozo Children International

	Sozo Childrer c/o Suzanne (n Internatio	nal	27-455	2700 Page 10
- ut	IV Statement of Functional Expenses	3			
art	n 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	er organizations must cor	mplete column (A).	
CUO	Check if Schedule O contains a response	or note to any line in t	nis Parl IX		(D)
о по b, 8l	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
	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				
	Grants and other assistance to foreign		ļ		
	organizations, foreign governments, and foreign	319,270.	319,270.		
	individuals. See Part IV, lines 15 and 16	317,2700			
	Benefits paid to or for members				_
	Compensation of current officers, directors,	78,798.	44,127.	23,639.	11,032.
	trustees, and key employees	,			
3	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				26 421
,	Other salaries and wages	359,534.	246,127.	76,976.	36,431
7 8	Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):		2 015	2,448.	
	Management	5,463.	3,015.	2,440.	
	Legal	1,414.	1,414.	2,676.	
С	Accounting	2,902.	220.	2,0,00	
d	Lobbying				
е	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 Sch 0.)	19,291.	10,206.	5,543.	3,542
12	Advertising and promotion	<u> </u>	•		
13	Office expenses				
14	Information technology				
15	Royalties	122,392.	82,242		
16 47	Occupancy	336,353	333,225	. 206.	2,922
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials			2 0 4 4	
19	Conferences, conventions, and meetings	9,244			
20	Interest	128	. 128	•	
21	Payments to affiliates	3.4. 17.4.17	14,238	509.	
22	Depreciation, depletion, and amortization	14,747			615
23	Insurance	7,387	9,114	3,000	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule ().)	128,079	. 121,160	6,840.	7:
i	Supplies	120,690			
1	Missionary housing	30,628		. 12,493.	
	Utilities Bank and credit card pr	30,320		1,705.	2,57
		31,404	. 17,014	. 14,390.	
	e All other expenses	1,618,044			57,19
25	the Organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

Sozo Children International c/o Suzanne Owens

Form 990 (2016)

	90 (20 X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		······	
		Oneok ii Goriodano e Jerrina	(A) Beginning of year		End of year
			239,236.	1	735,410.
-	1	Cash - non-interest-bearing		2	
			0.	3	93,000.
		Pledges and grants receivable, net		4	
	4	Accounts receivable, net			
١	5	Loans and other receivables from current and former officers, directors,			
١		trustees, key employees, and highest compensated employees. Complete		5	
		Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
	7	Notes and loans receivable, net	18,046.	8	18,046
١	8	Inventories for sale or use	41,380.	9	28,218
١	9	Prepaid expenses and deferred charges			
١	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	425,336.	10c	402,572
	b	LCGG. GOOdinatate	<u> </u>	11	
	11	Investments - publicly traded securities		12	
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
- 1	15	Other assets. See Part IV, line 11	723,998.		1,277,246
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		+=+	
ę,	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons.		22	
Liabillues		Complete Part II of Schedule L		23	
_	23	Secured mortgages and notes payable to unrelated third parties	102,000		
	24	Unsecured notes and loans payable to unrelated third parties	102/000	+	
	25	Other liabilities (including federal income tax, payables to related third		1 1	
		parties, and other liabilities not included on lines 17-24). Complete Part X of		25	
		Schedule D	102,000		
	26	Total liabilities. Add lines 17 through 25			
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es	1	complete lines 27 through 29, and lines 33 and 34.	541,631	. 27	1,196,87
Š	27	Unrestricted net assets	90 267		80,36
쬞	28	Temporarily restricted net assets		29	
둳	29	Permanently restricted net assets		+=-	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.		30	
ets	30	Capital stock or trust principal, or current funds		31	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	621,998		1,277,24
Ž	33	Total net assets or fund balances	722 000		1,277,24
		Total liabilities and net assets/fund balances	17.3.77	344	1 -1

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 2 , 273 , 292 .	Form	990 (2016) c/o Suzanne Owens	and the second s			
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any, line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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 Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis Both consolidated and separate basis 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight pro	Par	Title 11 11 - A Not A Accept			[
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any, line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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 Departed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. 2 If "Yes" to line 2 aor 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? 1 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversig		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) 2 1, 618, 044. 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:			1			2.
Total expenses (must equal Part IX, column (A), line 25) 3 655, 248. Revenue less expenses. Subtract line 2 from line 1 4 621, 998. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 621, 998. Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 Investment expenses 8 7 investment expenses 8 8 9 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Other 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 15 Yes No 16 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: X Separate basis Consolidated basis or both: Separate basis Consolidated basis Debt consolidated and separate basis consolidated basis Consolidated basis Debt consolidated and separate basis Consolidated basis Debt or both consolidated and separate basis Consolidated basis Consolidated basis Debt consolidated and separate basis Consolidated basis Consolidated basis Debt consolidated and separate basis Consolidated basis Debt consolidated and separate basis Consolidated basis Consolidated basis Debt consolidated and separate basis Consolidated basis Debt consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis Debt consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis	1	Total revenue (must equal Part VIII, column (A), line 12)		1,618	3,04	4.
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)		65!	5,24	18.
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Net unrealized gains (losses) on investments Donated services and use of facilities Net unrealized gains (losses) on investments Donated services and use of facilities Net unrealized gains (losses) on investments Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Tyes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 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: 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: If "Yes," to line 2 or 2b, does the organiza	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
Ponated services and use of facilities 7	5	Not uprealized gains (losses) on investments				
Prior period adjustments	6	Donated services and use of facilities				
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2b X 2b X Separate basis, consolidated basis, or both: X Separate basis Consolidated basis Debth consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? b Were the organization is financial statements audited by an independent accountant? C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organiz	7	Investment expenses				
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? b Were the organization's financial statements audited by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit B believed to the required audit or audits? If the organization is undergo the required audit B believed aud	8	Prior period adjustments				0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33). Table	9	out the rese in not assets or fund balances (explain in Schedule O)	<u> </u>			
Part XII Financial Statements and Reporting	10	Not accets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 35,	10	1,27	7,2	46.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit b If "Yes," did the organization undergo the required audit or audits? If the organization pudits.		column (B))	1 10 1			
1 Accounting method used to prepare the Form 990:	Pa	rt XIII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990:	L	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit about the process of a p		Other			1 1	
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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit about the process of a p	1	Accounting method used to prepare the Form 990: Cash Accounting method used to prepare the Form 990: Cash Accounting method used to prepare the Form 990: Cash Accounting method used to prepare the Form 990: Cash	e ()			ļ
If "Yes," check a box below to indicate whether the financial statements for the year were complied of rotations separate basis, consolidated basis, or both: X Separate basis		the state of the s	0 0.	2a	Х	
separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b	2a	Were the organization's financial statements compiled or reviewed by an independent accountant.	ed on a			
separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b		If "Yes," check a box below to indicate whether the financial statements for the year were complice of rothers				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated and separate basis Consolidated basis Both consolidated and separate basis consolidated basis Separate basis Both consolidated and separate basis consolidated basis, or both: Separate basis Both consolidated and separate basis consolidated basis Separate basis Separate basis Consolidated basis Both consolidated and separate basis 2c		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were addited on a dependent of a consolidated basis, or both: Separate basis		X Separate basis Consolidated basis Both consolidated and separate basis		2b		X
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b	k	Were the organization's financial statements audited by an independent accountance	ate basis.			
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b		If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate	,			
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 in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b		consolidated basis, or both:			1	
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3a As a result of a federal award, was the organization required to undergo an audit of addits as set forthwards. Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b		to the state ments and coloction of an inner ent doubting it.				T
3a As a result of a federal award, was the organization required to undergo an audit of addits as set forthwards. Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b		If the organization changed either its oversight process or selection process during the tax year, explain in the	Single Audit		1	1
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b	3	a. As a result of a federal award, was the organization required to undergo an addition addition as set for an in the	3	За		X
				···		
		b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re-	1	3b		
		or audits, explain why in Schedule O and describe any steps taken to undergo such addits		For	m 99 0	(2016

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Name of the organization SOZO (hildren Ir	nternational			Emplo	yer identification number
c/o Si	zanne Ower	າຣ				27-4552700
Part I Reason for Public Ch	arity Status (All o	organizations must comp	olete this p	art.) See i	nstructions.	
The organization is not a private foundation	on because it is: (For	lines 1 through 12, che	ck only on	e box.)		
to the state of object	hes or association (of churches described in	section 1	70(b)(1)(A	۸)(i).	
	170/b)(1)(A)(ii) (Att.	ach Schedule E (Form 9	90 or 990-	EZ).)		
	فمستست والمالية	action decerbed in Sect	ion i/uin	I IMANBIL		
3 A hospital or a cooperative ho 4 A medical research organizati	spital service organi	nction with a hospital de	escribed in	section 1	170(b)(1)(A)(iii). Er	nter the hospital's name,
city, and state: 5 An organization operated for	to benefit of a collect	ge or university owned o	r operated	by a gove	ernmental unit des	scribed in
5 An organization operated for	The perient of a cone	ge of university owners		, ,		
section 170(b)(1)(A)(iv). (Cor	npiete Part II.)	-tel unit departhed in se	ction 170	h)(1)(A)(v)	L.	
6 A federal, state, or local gove 7 An organization that normally	nment or governme	ntai unit described in se	m a dover	mental III	nit or from the aen	eral public described in
7 X An organization that normally	receives a substant	iai part of its support iro	in a goven	miorita. a.		
section 170(b)(1)(A)(vi). (Cor	nplete Part II.)	(A)(-1) (Complete Port II	1			
8 A community trust described	in section 170(b)(1)	(A)(VI). (Complete Part II	l.) Longrated	in conjunt	ction with a land-d	rant college
9 An agricultural research orga	nization described in	section 1/U(D)(1)(A)(IX)	operated	ame city	and state of the c	ollege or
or university or a non-land-gra	ant college of agricul	ture (see instructions).	illei uie ii	attic, city,	and blace or me	3
university:					no membershin fe	es, and gross receipts from
university: 10 An organization that normally	receives: (1) more t	han 33 1/3% of its supp	ort from co)	33 1/3% of its su	poort from gross investment
	and the contract of the contra	to cortain aveantions a	na 121 Ha i	ikate man	JJ 1/3/6 OF 10 CA	Spe
activities related to its exemp income and unrelated busine	ess taxable income (I	ess section 511 tax) fror	n business	ses acquir	ed by the organiza	ation arter barro buy version
Conception 509(a)(2) (Com	olete Part III.)					
	a contract according to	ely to test for public safe	ety. See s e	ection 50s	1(a)(4).	it the purposes of one or
	t	all for the henefit of 10	Derichan u	CHUILLION	13 01, 01 10 0011) 01	(2) Check the hox in
	anizations described	in section 509(a)(1) or	section o	Jalaker o	ee acction coota	(0).
	anarihan tha tung af	eupporting organization	and comp	NGIG III ICO	120, 121, 4114 129	•
	diation approted fill	nervised or controlled D	IV ILS SUDD	orteu orga) ~) gg
a L Type I. A supporting organization	n(s) the power to reg	ularly appoint or elect a	majority o	f the direc	tors or trustees of	the supporting
to the Management of	malata Dart IV Sec	ctions A and B.				
The state of the s	nization cunentised.	or controlled in connecti	ion with its	supporte	d organization(s),	by naving
b Type II. A supporting orga control or management of	the supporting orga	nization vested in the sa	me persoi	ns that co	ntrol or manage th	ie supported
the control Management	complete Part IV S	Sections A and C.				
Type III functionally inte	arated. A supporting	organization operated i	n connect	ion with, a	nd functionally int	egrated with,
	(a) (ago instructions)	Vou must complete P	art IV, Se	CHOHS A, I	D, aliu L.	
	intograted A supply	ortina organization opera	ated in cor	inection w	illi its supported v	organization(s)
d Type III non-functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an	attentiveness
t	one) Vou must com	inlete Part IV. Sections	A and D,	anurait	٧.	
Ol Little have if the orac	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Ty	ype III
e Last Check this box if the organization functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f Enter the number of supported of	Type in non-idiretion	nany arrogramme and				
f Enter the number of supported to	s shout the supporte	d organization(s).				
g Provide the following information (i) Name of supported	(ii) EIN	titil type of organization	(iv) Is the orga in your governi	nization listed no document?	(v) Amount of mon	
organization	` '	(described on lines 1-10 above (see instructions))	Yes	No	support (see instruc	ctions) support (see instructions)
organization .		above (see instructions))				
				ļ		
			 			
			 	†	1	
			1	1		

Schedule A (Form 990 or 990-EZ) 2016 C/O Suzanne Owens 27-45527

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.)

fails to qualify under the test	s listed below, pleas	e complete Part I	1.)			
Section A. Public Support					(-) 001C	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(I) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						5 066 636
include any "unusual grants.")	916,516.	1,042,139.	905,663.	1,237,316.	1,865,002.	5,966,636.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to			i			
the organization without charge	916,516.	1,042,139.	905,663.	1,237,316.	1,865,002.	5,966,636.
4 Total. Add lines 1 through 3	910,510.	1,042,137.	30370001			
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly			1000			
supported organization) included						
on line 1 that exceeds 2% of the			4			
amount shown on line 11,			¥.			
column (f)						5,966,636.
6 Public support. Subtract line 5 from line	4					3,900,030.
Section B. Total Support	· ·					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Calendar year (or liscal year beginning in)	916,516.	1,042,139		1,237,316.	1,865,002.	5,966,636.
7 Amounts from line 4	320,020					
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated busine	ss					
activities, whether or not the	1	2 501	4,397	553.	312.	9,007.
business is regularly carried on	164	3,581	· 4,337	• 333•		
10 Other income. Do not include gair						
or loss from the sale of capital			1.54 005	120 020	199,884.	656,062.
assets (Explain in Part VI.)	45,632	. 110,422	. 161,085	. 139,039.	199,004.	6,631,705.
44 Total support Add lines 7 through	10 l				 	267,685.
	' t- lana inatruc	tions)			12	207,003.
	for the organization	n's first, second, t	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	, m
organization, check this box and	eton here	,				
Section C. Computation of P	ublic Support P	ercentage				
14 Public support percentage for 20	40 (line C. polumn (f)	divided by line 11	column (f))		14	89.97 %
					15	89.71 %
15 Public support percentage from 2 16a 33 1/3% support test - 2016. If	2015 Schedule A, Fa	met abook the bes	on line 13, and lin	e 14 is 33 1/3% or	more, check this b	oox and
16a 33 1/3% support test - 2016. If	the organization did	HOLCHECK THE DOX	ion			▼ X
stop here. The organization qual	fies as a publicly su	pported organizat	n line 12 or 16a a	nd line 15 is 33 1/3	% or more, check	this box
stop here. The organization qual b 33 1/3% support test - 2015. If	the organization did	not check a box o	mine 13 or 10a, a	na mie to lo co me	, ,	
	ODAC Kilho	waanization did ni	nt check a box on i	III IE 10, 10a, or 10b	, all a mile	
	Heto and airquimet	ancae" test chec	K IIIIS DOX aliu Siv i	O HOLOI ENDIANT III		
· · · · · · · · · · · · · · · · · · ·	III I The eventure	ination augustice as	e a muniiciv suuduu	teu organization		
	LI - L ADAE IF that	araanization did n	ot check a box on	mic io, ioa, iob, o	, , , , , , , , , , , , , , , , , , , ,	
organization meets the "facts an 18 Private foundation. If the organ	ization did not checl	k a box on line 13,	16a, 16b, 17a, or	17 D. CHECK tills box	Carro Contract	
10 Filvate loundation if also organ				Sc	hedule A (Form 9	90 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 C/o Suzanne Owens 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 be	ow, please comp	iete Part II.)			· · · · · · · · · · · · · · · · · · ·	
Section A. Public Support			1.30044	(4) 0015	(e) 2016	(f) Total
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(6) 2010	(1) 10141
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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	ı					
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	(4) 2012	1 (4)				
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b			-			
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on					1	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
40 Total cumpart (Add lines 0, 10s, 11 and 12)		<u> </u>	1		1 ====================================	
14 First five years. If the Form 990 is for	r the organizatior	ı's first, second, th	nird, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	jamzauon, ▶
check this hox and stop here						
Section C. Computation of Pub	lic Support P	ercentage			. ,	
15 Public support percentage for 2016	(line 8, column (f)	divided by line 13	, column (f))		. 15	
16 Public support percentage from 201	5 Schedule A, Pa	art III, line 15			. 16	
Section D. Computation of Inve	estment Incor	me Percentag	е		- 1 1	
17 Investment income percentage for 2	.016 (line 10c, col	umn (f) divided by	line 13, column (f	n)	. 17	
ra I I I norma normantaga from	2015 Schedule A	A Part III line 17			. 18	
102 33 1/3% support tests - 2016. If th	e organization did	d not check the bo	x on line 14, and	line 15 is more tha	n 33 1/3%, and	line 17 is not
mara than 22 1/3% check this hay	and stop here. T	he organization qu	ialities as a public	ay supported orga	mzanon	
5 22 4/29/ cupport tests - 2015 If th	e organization did	d not check a box	on line 14 or line '	19a, and line 16 is	more than 33 1/	3%, and
line 10 is not more than 33 1/3% ch	neck this box and	stop here. The or	rganization qualifi	es as a publicly su	pported organiza	ation
20 Private foundation. If the organizat	ion did not check	a box on line 14,	19a, or 19b, chec	k this box and see	instructions	_
MV I IIIUIO IOMINUIOMI II UIO II GAMI				_	5 1 1 A 15	000 000 EZ\ 20

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6	No	es		
2 3a 3b 3c 4a 4b 4c 5a 5b 5c				
3a			1	-
3a				
3b 3c 4a 4b 4b 5a 5b 5c 6			2	-
3c			3a	-
3c			3b	
4a				
4b 4c 5a 5b 5c 6				
5a 5b 5c				
5a 5b 5c 6			4b	_
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5b 5c 6				
5c 6			5а	-
6				-
			5c_	-
7			6	
7				
1 1		-	7	
8			8	
9a	+	\vdash		
9b		\dagger	9b	
9c	_	+	9с	
10a			10a	
10b				
10a			10a	

	Sozo Children International	NO 455070	.0 -	_
Schedu	ule A (Form 990 or 990-EZ) 2016 C/o Suzanne Owens	27-455270	U Pa	ge 5
Part	IV Supporting Organizations (continued)			
	Outper State of Continuous		Yes	No
11 F	las the organization accepted a gift or contribution from any of the following persons?			
11 1	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a A	pelow, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	\perp	
D A	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
C /	on B. Type I Supporting Organizations			
Secti	on b. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1 1	Did the directors, trustees, or membership of one of more supported in a particular new or personal particular trustees, at all times during the			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
1	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
(controlled the organization's activities. If the organization had more than one supported organization,			
(describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>	-	-
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2		<u></u>
Soot	ion C. Type II Supporting Organizations			
3600	ion of Type in Supporting Organization		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or trustees of each of the organization's supported organization(s)? If the came persons that controlled or managed		1	1
	or management of the supporting organization was vested in the same persons that controlled or managed	1	ı	
	the supported organization(s).			
Sect	ion D. All Type III Supporting Organizations		Yes	No
		[1103	+
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Wore any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_	By reason of the relationship described in (2), did the organization's supported organizations have a		-	
3	significant voice in the organization's investment policies and in directing the use of the organization's		- 1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			Į.
	income or assets at all times during the tax year in these, describe in the control of the tax years in the control of the con	3		
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	tructions).		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Integral Part Test during the yea(see Integral Part Test during the yea(see Integral Part Test during the yea	,		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	tity (see instruction	ans)	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	ny (see msnach	Ye	s No
2	Activities Test. Answer (a) and (b) below.		116	3 110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		- 1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identity		- 1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2	1	
L	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		- 1	
	reasons for the organization's position that its supported organization(s) in the organization's involvement	2	<u> </u>	
	activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.		İ	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3	a	1
	trustees of each of the supported organizations? Provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ه ا	b	
	the role played by the organization of this regard.	le A (Form 990 d		EZ) 201
0000	25 00 21 16 Schedu	ie A (Form 990 0	n 220-1	 ;

Schedule A (Form 990 or 990 EZ) 2016 C/o Suzanne Owens

Schedule A (Form 990 or 990-EZ) 2016 C70 St Part V Type III Non-Functionally Inte	saratad biiliilii Siiiiiliiliilii	Orga	nizations	
ou at home if the examination extisting	the Integral Part Test as a qualifying	trust on	1404. 20, 1970 (explain in	Part VI.) See instructions. All
other Type III non-functionally integrate	d supporting organizations must com	plete S	ections A through E.	
Section A - Adjusted Net Income	и опред <u>у</u> - <u>у</u> -		(A) Prior Year	(B) Current Year (optional)
		1		
Net short-term capital gain		2		
2 Recoveries of prior-year distributions		3	<u></u>	
3 Other gross income (see instructions)		4		
4 Add lines 1 through 3		5		
5 Depreciation and depletion	l distribution and	1-5-1	<u></u>	
6 Portion of operating expenses paid or incurre	ed for production or	1 1		
collection of gross income or for managemer	nt, conservation, or	6		
maintenance of property held for production	of income (see instructions)	7		
7 Other expenses (see instructions)		+ -	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, ar	nd 7 from line 4)	8		(B) Current Year
Section B - Minimum Asset Amount			(A) Prior Year	(optional)
Aggregate fair market value of all non-exemption.	ot-use assets (see			
1 Aggregate fair market value of all non-exemplinistructions for short tax year or assets held	for part of year):			
a Average monthly value of securities		1a		
		1b		
 b Average monthly cash balances c Fair market value of other non-exempt-use a 	ssets	1c		
		1d		
d Total (add lines 1a, 1b, and 1c)				
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):	evemnt-use assets	2		
2 Acquisition indebtedness applicable to non	exempt dae daeste	3		
3 Subtract line 2 from line 1d	1/09/ of line 3 (for greater amount			
4 Cash deemed held for exempt use. Enter 1-	1/2% of line 5 (for groater arrivarily	4		
see instructions)	at line A from line 3)	5		
5 Net value of non-exempt-use assets (subtra	ct line 4 from line 3)	6		
6 Multiply line 5 by .035		1 7		
7 Recoveries of prior-year distributions		8		
8 Minimum Asset Amount (add line 7 to line	: 6)			11/2-11
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Se	ection A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior year (from	Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from	n line 4, unless subject to			
	intione)	6		
7 Check here if the current year is the	organization's first as a non-function	ally integ	grated Type III supporting	organization (see
/ Last Officer troto in the same of same				

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016 C/o Suzanne Owens

Par	V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Orga	mizations (continued)	Current Year
Section	on D - Distributions			Current real
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive	;	
o	(provide details in Part VI). See instructions			
	Distributable amount for 2016 from Section C, line 6			
9_	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Line 5 amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable Amount for 2016
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Allount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а		4.		
<u>b</u>				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		-	
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
_	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to underdistributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	any. Subtract lines by and 4a from line 2.1 or result ground			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
_	a			
	b Excess from 2013			
	c Excess from 2014			
	d Excess from 2015			
-	e Excess from 2016			 A (Form 990 or 990-EZ) 20

		Sozo Children International	27-4552700 Page 8
Schedule A Part VI	Supplemental Intol Part IV Section A. lines 1	mation. Provide the explanations required by Part II, line 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b 8; and Part V, Section E, lines 2, 5, and 6. Also complete this	Port V. line 1: Part V. Section B. line 1e: Part V.
<u></u>			
 ,			
			
			(5 000 at 000 E7) 20

SCHEDULE D

(Form 990)

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.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

Name of the organization

Sozo Children International

Employer identification number 27-4552700

c/o Suzanne Owens Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 Yes impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure □ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items:

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

Sozo Children International c/o Suzanne Owens

27-4552700 Page 2

hodi	le D (Form 990) 2016 c/o Suza	anne '	Owens				- · · · ·		otc/centin	
art	te D (r offin coo) ze te	allastic	ne of Art	, Histor	ical Tre	asures, or (Other 8	Similar Ass	e sellection	itoms
3 (III Organizations Maintaining Co sing the organization's acquisition, accessio	n, and ot	her records	, check ar	y of the fo	ollowing that ar	e a signi	ficant use of It	is collection	Hems
	check all that apply):									
`!	Public exhibition		d	Loa	n or exch	ange programs	3			
a	Scholarly research		е		er					
b										
C 4		ollections	and explain	how they	further th	e organization'	s exemp	t purpose in P	art XIII.	
		r receive	donations o	t art. nisto	ncai ii cas	ures, or other t	Jiiiia. a.			☐ No
5 í									Yes	
Part		gemen	ts. Complet	te if the or	ganizatior	answered "Ye	es" on Fo	rm 990, Part I	IV, line 9, oi	
	Par	rt X. line 2	?1.							
10	: Viss as agent trustee custodi	ian or oth	er intermed	iary for co	ntributions	s or other asse	ts not ind	cluded	\\\	No
	on Form 000 Part X2								Yes	110
	f "Yes," explain the arrangement in Part XIII	and com	plete the fol	lowing tab	ole:					
D	1 Tes, explain the analogoment with a		,						Amour	Ι
	Beginning balance							1c		
C	Additions during the year							1d		
d	Additions during the year Distributions during the year							1e		
								1f	1 1	
f	Ending balance	orm 990	Part X. line	21, for es	crow or cu	ıstodial accou	nt liability	/?	Yes	⊢ No
2a	Dort VIII	I Chack h	here if the ex	knianation	nas been	provided our	arryin .			<u>. </u>
_b	If "Yes," explain the arrangement in Part XIII To be the complete of the comp	if the ora	anization an	swered "	es" on Fo			ı <u>. </u>		
Par	t V Endowille III Fullus. Complete	I (a) Cu	rrent year	(b) Pri	or year	(c) Two years	back (d) Three years b	ack (e) For	ır years back
		(a) Cu	iterit year	(2)	7					
1a	Beginning of year balance	_								
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	-		 						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	L		. (line 10	oolumn /	J held as:				
2	Provide the estimated percentage of the cu	urrent yea	ır end balan	ce (line 1g	, column ((a)) Held as.				
а	Board designated or quasi-endowment			%						
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶		%							
	" 0 01 and 00 ob	hould equ	ıal 100%.			and administra	red for th	e organizatio	n	
За	The percentages on lines 2a, 2b, and 2c shi Are there endowment funds not in the poss	session o	of the organi	zation tha	t are neid	and administer	ied ioi u	ic organization		Yes No
	by:								201	
	(i) unrelated organizations								3a(
ŀ	If "Ves" on line 3a(ii) are the related organi	izations li	sted as requ	uired on S	chedule H	i?			<u>L V</u>	<u></u>
4	Describe in Part XIII the intended uses of the	the organ	ization's end	dowment :	funds.					
	1 M Land Buildings and Egun	iment.				000	. Dt.V	500 10		
ــــــــــــــــــــــــــــــــــــــ	Complete if the organization answe	ered "Yes	" on Form 9	90, Part I\	/, line 11a	See Form 990), Part X,	ille 10.	(d) F	ook value
	Description of property		(a) Cost or	other	(b) Co	st or other	(6) 🗥	ccumulated preciation	(α) L	OOK Value
	=		basis (inves	stment)	1	s (other)	ae	or colation	+	02,157
	a Land				3	02,157.			-	, 02 , 13 1
	Buildings									
) Dullull lya				I		l			
								(0 100	1 1	100 A1F
	Leasehold improvements				1	.68,837.		68,422	• -	100,415
								68,422		100,415 102,572

c/o Suzanne Owens

art VII Investments - Other Securities.	Farm 000 Part IV lin	e 11h See Form 990, Par	X, line 12.	
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valua	tion: Cost or end-	of-year market value
Description of security or category (including name of security)	(8) 2001.			
Financial derivatives	<u> </u>			
Closely-held equity interests				
Other				· · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)	*			
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
and VIII Investments - Program Related.			rt V line 13	
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11c. See Form 990, Fa	ation: Cost or end	l-of-year market value
(a) Description of investment	(b) Book value	(c) Michiod of Valo		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Complete if the organization answered "Yes" (a)) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			Ь	-
The Column (b) must equal Form 990. Part X col. (B) I	ine 15.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities.				25.
Part X Other Liabilities. Complete if the organization answered "Yes		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes				25.
Complete if the organization answered "Yes		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2)		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3)		, line 11e or 11f. See Form		25.
Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		, line 11e or 11f. See Form		25.
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	s" on Form 990, Part IV	, line 11e or 11f. See Form (b) Book value	990, Part X, line 2	

Schedule D (Form 990) 2016 c/o Suzanne Owens		Z/-433Z/O	o rage !
Part XI Reconciliation of Revenue per Audited Financial Sta	itements With Reven	ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a.		
in and other support per audited financial statements		1	
	2a		
and the same and the of facilities	2b		
b Donated services and use of racinities c Recoveries of prior year grants	2c		
	2d		
e Add lines 2a through 2d		2e	·····
and the state of t		3	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
a Investment expenses not included on Form 990, Part VIII, line 7b	4b		
b Other (Describe in Part XIII.)		4c	
c Add lines 4a and 4b	2)		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1: Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
Part XII Reconciliation of Expenses per Addited Phantolar C	lino 190	•	
Complete if the organization answered "Yes" on Form 990, Part IV,	IIIIE 12a.	1	
Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)	20		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	'I	
to the set company not included on Form 990. Part VIII, line 7b	4a		
The state of the s	4b		
		4c	
	18.)	5	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X, line 2;	Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	•		
	<u> </u>		
		<u> </u>	
·			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

N 16 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

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

Employer identification number Name of the organization Sozo Children International 27-4552700 c/o Suzanne Owens General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 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.) (f) Total (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (b) Number of expenditures (a) Region is a program service. (by type) (such as, fundraising, proemployees, agents, and independent for and offices describe specific type gram services, investments, grants to investments in the region of service(s) in the region recipients located in the region) in the region contractors in the region Sub-Saharan Africa children's Home Angola, Benin, Operation and Supportive Botswana, Burkina 837,550. Services Program Service Faso 837,550. 0 3 a Sub-total b Total from continuation 0. 0 sheets to Part I

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

n

Schedule F (Form 990) 2016

837,550.

c Totals (add lines 3a

Page 2

Sozo Children International

c/o Suzanne Owens

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.

on (i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2016
(h) Description of noncash assistance					
(g) Amount of noncash assistance	0				rexempt by
(f) Manner of cash disbursement	Ugandan NGO expenses reimbursed by				y, recognized as tax
(e) Amount of cash grant	0.				ne foreign counti
(d) Purpose of grant	Operation of school and child maintenance programs				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region	Sub-saharan Africa				ions listed above that a sechase has provided a sechase or entities
(b) IRS code section and EIN (if applicable)				<u> </u>	Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has progressed total number of other organizations or entities.
1 (a) Name of organization					2 Enter total number of the IRS, or for which a Enter total number of

27-4552700

Sozo Children International

Schedule F (Form 990) 2016 c/o Suzanne Owens
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. Schedule F (Form 990) 2016

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance 0 (e) Manner of cash disbursement Jgandan NGO expenses reimbursed by use of 0.expense reports / (c) Number of (d) Amount of recipients cash grant C Part III can be duplicated if additional space is needed. (b) Region Sub-saharan Africa (a) Type of grant or assistance child maintenance programs Operation of schools and

Schedule F (Form 990) 2016

0.11	Sozo Children International	27-4552700	Page 4
Part	CIO / B OILL CO		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No
		Schedule F (For	n 990) 2016

Sozo Children International

			Children Or			Ollar			27-	-4552	2700	Page 5
Schedule F (F	form 990) 2016 Supplementa		Suzanne Ov	vens)	<u> </u>						<u> </u>
	Provide the inform	nation red	quired by Part I, line	II. line	1 (accountin	g method	d); Part I	, column (f) (accountir II (accounting methoo any additional inform	i); and	Рап III, (column (c)
	Line 2:											
Monthly	reports	are	exchanged	to	facili	tate	the	accounting	of	the	mont	hly
activit	zy.									<u></u>		
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	No.											
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						a.r.,		err total and to				

Schedule F (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Sozo Children International Name of the organization 27-4552700 c/o Suzanne Owens Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants e L Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual (ii) Activity fundraiser from activity organization or entity (fundraiser) listed in col. (i) Yes No 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.

Schedule G (Form 990 or 990-EZ) 2016 C/O Suzanne Owens

632082 09-12-16

2 3 4 5 6 7 8 9	Fundraising Events. Complete if the of fundraising event contributions and gro Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	(a) Event #1	(b) Event #	-2	(c) Other events 6 (total number) 289,635.	(d) Total events (add col. (a) through col. (c)) 289,635.
2 3 4 5 6 7 8 9	Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses		(event type	e)	289,635.	289,635.
2 3 4 5 6 7 8 9	Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses					
2 3 4 5 6 7 8 9	Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses					289,635.
3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses				289,635.	289,635.
4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses				289,633.	209,033
5 6 7 8	Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses					
6 7 8	Rent/facility costs Food and beverages Entertainment Other direct expenses					
7 8	Food and beverages Entertainment Other direct expenses					
8	Entertainment			1		
8	Entertainment					
1	Other direct expenses					
19	Offici direct expenses				89,751.	89,751 89,751
10	Direct expense summary Add lines 4 through	h 9 in column (d)				199,884
111						100,000
art	III Gaming. Complete if the organization	answered "Yes" on F	orm 990, Part IV, II	ne 19, or i	eported more than	
	\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/	instant		(d) Total gaming (ad
T		(a) Bingo	bingo/progress		(c) Other gaming	col. (a) through col. (e
	0					
+-	Gross revenue					
, 2	Cash prizes					
3 4	Noncash prizes					
3	Noncash prizes					
4	Rent/facility costs					
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	·					
5	Other direct expenses		% Yes	%	Yes 9	6
		Yes No	- % 1es		No No	
6	Volunteer labor	I NO				
_	7 Direct expense summary. Add lines 2 throu	ah 5 in column (d)				-
7						
8	Net gaming income summary. Subtract line	e 7 from line 1, column	n (d)		P	<u> </u>
9 E	Enter the state(s) in which the organization con	iducts gaming activitie	es:			Yes
a ls	enter the state(s) in which the organization constitution to the organization licensed to conduct gaming	activities in each of t	nese states?			
b li	f "No," explain:					
-						
·0- \	Were any of the organization's gaming license	s revoked, suspended	l, or terminated du	ring the ta	x year?	L Yes L
iua \	Were any of the organization's garning licenses					
וע	1 100, OAPIGIT.					

Sozo Children International

bozo chi tata di Lina di Angara Carana	27-4552700 Page 3
Schedule G (Form 990 or 990-EZ) 2016 C/o Suzanne Owens	
- "	r entity formed
Does the organization conduct garming activities what has trust, or a member of a partnership or other list the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other	Yes No
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	13a %
a The organization's facility b An outside facility	13b 9
b An outside facilityEnter the name and address of the person who prepares the organization's gaming/special events	s books and records:
14 Enter the name and address of the person who prepares the organization o gamma, episone and address of the person who prepares the organization o gamma, episone and address of the person who prepares the organization of gamma, episone and address of the person who prepares the organization of gamma, experience and address of the person who prepares the organization of gamma, experience and address of the person who prepares the organization of gamma, experience and address of the person who prepares the organization of gamma, experience and address of the person who prepares the organization of gamma, experience and the person who prepares the organization of gamma, experience and the person who prepares the organization of gamma, experience and the person of	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gam	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount
of gaming revenue retained by the third party	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
-	
Description of services provided	
Description of our visco provides y	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
	oceeds to
b Enter the amount of distributions required under state law to be distributed to other exempt organized by the control of the	anizations or spent in the
Part IV Supplemental Information, Provide the explanations required by Part I, line 2b, column	nns (III) and (V); and Part III, lines 9, 90, 100, 100
15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	ons
_	
	Schedule G (Form 990 or 990-EZ)
	Contradito of the contradit of the contradition of the contraditio

Sozo Children International 27-4552700 Page 4 c/o Suzanne Owens Schedule G (Form 990 or 990-EZ) C / O Suzann Part IV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Sozo Children International Emplo c/o Suzanne Owens

Employer identification number 27-4552700

Form 990, Part I, Line 1, Description of Organization Mission: children in need, build communities, and connect individuals to all experience the love of Jesus Christ. Sozo Children International is organized to provide food, shelter, clothing, education, and christian discipleship to children in need. Sozo Children is founded on faith in Jesus Christ and intends to operate from the basis of providing basic physical, medical, educational, and emotional needs to children. Sozo means "to save" both physically and spiritually, which encapsulates the Sozo Children vision. Sozo Children International, through the power and love of Christ, intends to provide for children in need by establishing children's homes which raise children to be future leaders of their communities.

Form 990, Part III, Line 4d, Other Program Services: In 2015, Sozo Children launched Sozo Trading Company, which is a Birmingham, Alabama retail marketplace that sells donated goods, African merchandise, and vendor items. All of these sales go to support the efforts of the organization. This also provides an opportunity for Sozo Children to impact the local community, which aids those who suffer from natural and socioeconomic hardship. Revenue \$ 267,685. including grants of \$ 0. Expenses \$ 224,369.

Form 990, Part VI, Section B, line 11b:

Copies of Form 990 are provided to board members at board meetings before

it is filed with Internal Revenue Service. Board members are provided the Schedule O (Form 990 or 990-EZ) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Sozo Children International C/o Suzanne Owens	Employer identification number 27-4552700
opportunity to ask questions for clarification.	
opportunity to ask questions for order	
7 1 D 12m 12m	
Form 990, Part VI, Section B, Line 12c:	Lonforges
The Organization regularly and consistently monitors and	
compliance with its written conflict of interest policy	
analyzing the policy in relation to its current staff, t	chrough board
meetings and ongoing employee communications.	
Form 990, Part VI, Section C, Line 19:	
See the Organization's website at www.sozochildren.org	
bee the organization	

4562

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Attachment Sequence No. 179

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates Sozo Children International 27-4552700 Form 990 Page 10 c/o Suzanne Owens 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. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,010,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2017. 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 7,407. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property.) (See instructions.) 25,000. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2016 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 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property 19a 3-year property 5-year property h 7-year property С 10-year property d 15-year property е 20-year property f 25 yrs. S/L 25-year property 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L 406 20,000. 03/1639 yrs. MM Nonresidential real property 7,000.39 YEARS 08/16MM Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System Class life S/L 20a 12 yrs. S/L 12-year MM S/L 40 yrs. 40-year 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. 32,880. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 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

Sozo Children International

Form 4562 (2016)

c/o Suzanne Owens

27-4552700 Page 2

101111400	L (L010)														
Part V	Listed Proper			ertain oth	ner vehic	les, cert	ain airci	aft, ce	rtain com	puters, :	and prop	erty use	d for en	tertainme	ent,
	recreation, or a Note: For any			isina the	standar	d mileac	ne rate c	r dedi	icting leas	se exper	nse com	plete on l	lv 24a. 2	4b. colu	mns
	(a) through (c)	of Section A	, all of Section	B, and	Section	C if appl	icable.								
			on and Other											T	
24a Do yo	ou have evidence to			ent use cla	aimed?	<u>Ц</u> Ү		_ No	24b If "Y	es," is t	he evide	nce writt	en? L	J Yes L.	<u> </u>
	(a) e of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or her basis	hus	(e) is for depre siness/inve use only	stment	(f) Recovery period	Me	(g) ethod/ vention	Depre	h) ciation iction	Elec sectio co	n 179
25 Speci	ial depreciation all	owance for o	ualified listed	property	/ placed	in servic	ce during	g the t	ax year ar	nd					
used	more than 50% in	a qualified b	usiness use								. 25				
26 Prope	erty used more tha	an 50% in a c	ualified busin	ess use:							enteron.				
		: :	g	%											
		1 :	9	%											
			<u> </u>	%						<u></u>					
27 Prope	erty used 50% or l	ess in a qual	ified business	use:					,						
		1 : :	 	%						S/L -					
		1 : :		%						S/L -					
		1 : :		%					<u> </u>	S/L -		 			
	amounts in columi		_									<u></u>			
29 Add a	amounts in column	ı (i), line 26. E											29		
					B - Infor										
	this section for v														3
to your er	mployees, first ans	swer the que	stions in Secti	on C to	see if yo	u meet a	an excep	otion to	o complet	ing this	section t	or those	vehicles	6.	
				т ,				ı	(-)	T	/ -1\	1		14	,
T-1-11		mattan datum e	luvia a tha	1	a) hicle		b)	Ι,	(c) /ehicle	1	(d) hicle		e) ricle	(f Veh	-
	ousiness/investment		-	Vei	incie	Vei	nicle	<u> </u>	reincie	l ve	HICIE	Vei	licie	Veii	1016
	don't include commi							!		-					
	commuting miles	-	• •			-		 		 		 			
	other personal (no									1					
	n			-		1		 		 					
	miles driven durin														
	ines 30 through 3: the vehicle availat			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	g off-duty hours?	•		163	110	163	NO	100	, 110	103	110	103	110	100	
	the vehicle used p				-	 	1	 		1	 				
	5% owner or relat														
	other vehicle avail					 	-								
	ottor vernose avan	•													
			- Questions	for Emp	lovers V	Vho Pro	vide Ve	hicles	for Use b	v Their	Employ	ees	<u> </u>		
Answer th	hese questions to				-					-			ren't mo	re than s	5%
	r related persons.		,								, ,				
	ou maintain a writt	en policy sta	tement that p	rohibits :	all perso	nal use o	of vehic	es, inc	luding co	mmuting	g, by you	ır		Yes	No
-	oyees?														
38 Do yo	ou maintain a writt	en policy sta	tement that p	rohibits	personal	use of v	vehicles	exce	ot commu	ting, by	your				
emple	oyees? See the in	structions fo	r vehicles used	d by cor	porate o	fficers, c	directors	, or 19	6 or more	owners					
39 Do yo	ou treat all use of	vehicles by e	mployees as p	ersonal	use?										
	ou provide more th														
the u	se of the vehicles	, and retain t	he information	receive	d?										
41 Do yo	ou meet the requir	ements cond	erning qualifie	ed auton	nobile de	emonstra	ation use	e?							
Note	: If your answer to	37, 38, 39, 4	10, or 41 is "Yo	es," don	't compl	ete Sect	ion B fo	r the c	overed ve	hicles.					
Part V	Amortization														
	(a) Description	of costs	Date	(b) amortization begins		(c) Amortizal amoun	ble t		(d) Code section		(e) Amortiz period or pe	ation	A f	(f) mortization or this year	
42 Amor	rtization of costs t	hat begins di	uring your 201	6 tax ye	ar:					WANGE					
				: :											
				<u>: :</u>											
43 Amor	rtization of costs t	hat began be	efore your 201	6 tax ye	ar							43			
44 Total	I. Add amounts in	column (f). S	ee the instruc	tions for	where t	o report						44			

Statement of Specified Foreign Financial Assets

Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.

OMB No. 1545-2195

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. 175

Department of the Treasury Internal Revenue Service	For calendar year 2	016 or tax year beginning	a	nd ending	. Sequ	uence No. 175	
If you have	ve attached continua	tion statements, check here		ber of continuation	n statements		
1 Name(s) shown on re	umSozo Chil	dren Internationa	1	2 TIN			
c/o	Suzanne Owe	ns		27-45527	00		
3 Type of filer							
a Specified inc	dividual b	Partnership c	Corporation	1	d Trust		
4 If you checked box 3	a, skip this line 4. If yo	u checked box 3b or 3c, enter the	name and TIN	of the specified ind	ividual who close	ely holds the	
nartnership or corpor	ation. If you checked I	oox 3d, enter the name and TIN of	the specified p	erson who is a curr	ent beneficiary of	of the trust.	
(See instructions for o	definitions and what to	do if you have more than one spe	ecified individua	I or specified perso	n to list.)		
a Name				b TIN	· · · · · · · · · · · · · · · · · · ·		
	posit and Custo	dial Accounts Summary					
		art V))	>		
2 Maximum Value of Al	Deposit Accounts				. \$	19,708	
3 Number of Custodial	Accounts (reported in	Part V)			>		
					. \$		
5 Were any foreign dep	osit or custodial acco	unts closed during the tax year?			. L Yes	X No	
Part II Other Fore							
	ssets (reported in Part				>		
	Assets (reported in P				. \$		
3 Were any foreign ass	ets acquired or sold d	uring the tax year?			. L Yes	X No	
Part III Summary	of Tax Items Attr	ibutable to Specified Fore	ign Financia	al Assets (see i	nstructions)		
		(c) Amount reported on		Where	reported		
(a) Asset Category	(b) Tax item	form or schedule	(d) For	rm and line	(e) Sched	dule and line	
1 Foreign Deposit and	1a Interest	\$					
Custodial Accounts	1b Dividends	\$					
	1c Royalties	\$					
	1d Other income	\$					
	1e Gains (losses)	\$					
	1f Deductions	\$					
	1g Credits	\$					
2 Other Foreign Assets	2a Interest	\$					
2 Other Foreign Assets	2b Dividends	\$					
	2c Royalties	\$					
	2d Other income	\$					
	2e Gains (losses)	\$					
	2f Deductions	\$	1				
	2g Credits	\$					
Part IV Excented		n Financial Assets (see ins	tructions)		-Lin-		
fuer reported encoified	foreign financial assets	s on one or more of the following for	orms enter the	number of such for	ms filed. You do	not need to	
in you reported specified include these assets on F			,				
1. Number of Forms 352		2. Number of Forms 3520-	Α	3. N	umber of Forms	5471	
4. Number of Forms 862		5. Number of Forms 8865	<u> </u>				
4. Number of Forms ooz		o, manipol or rotter accept					
Part V Detailed I	oformation for Fa	ach Foreign Deposit and C	Custodial Ac	count Include	d in the Part	I Summary	
(see instru		201. 1 0. 0. g., 2 0p 0 000 0000					
If you have more than on	e account to report in	Part V, attach a continuation state	ment for each a	additional account	(see instructions	3).	
	X Deposit	Custodial	2	Account number o	r other designati	ion	
1 Type of account	Deposit C	Odstodiai		003703914	3		
9 Chook all that armin	a Account of	pened during tax year b		ed during tax year			
3 Check all that apply	· · · · · · · · · · · · · · · · · · ·	intly owned with spouse d		ported in Part III w	ith respect to thi	is asset	
4 Mandanian value of o		r				19,708	
4 Maximum value of a	n currency evelopes	rate to convert the value of the ac	count into U.S.	dollars?	X Yes	□ No	
5 Did you use a foreig	es" to line 5, complete	all that anniv					
6 If you answered "Ye (a) Foreign currenc		(h) Foreign currency exchange	rate used to	(c) Source of exc	hange rate used	if not from U.S.	
	y iii Willon account				of exchange rate used if not from U.S. epartment's Bureau of the Fiscal Service		
is maintained Uganda, Shill	ling	Convert to G.G. dollars					
oganda, purt.							

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Part V Detailed Information for Ea	- -	ustodial Ad	ccount Included in the Pa	rt I Summary
(see instructions) (continued)		···		
7a Name of financial institution in which account Barclays	unt is maintained	b Glob	al Intermediary Identification Num	iber (GIIN) (Optional)
8 Mailing address of financial institution in whe Plots 1620, 1621, & 1		er, street, and	room or suite no.	
9 City or town, state or province, and country Lubowa	y (including postal code) Uqanda		0417125036	
Part VI Detailed Information for E		Included i		e instructions)
If you have more than one asset to report in Par				
1 Description of asset	2	2 Identifying	number or other designation	
 Complete all that apply. See instructions for a Date asset acquired during tax year, if apple b Date asset disposed of during tax year, if a c Check if asset jointly owned with s 	licable pplicable			pect to this asset
	001 - \$100,000	s100,001 - \$15		01 - \$200,000
e If more than \$200,000, list value	ato to convert the value of the con-	tinto IIC do	\$	Yes No
5 Did you use a foreign currency exchange ra6 If you answered "Yes" to line 5, complete a		et into 0.5. do	mars? L	⊥ Yes L⊥ No
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange raconvert to U.S. dollars	ate used to	(c) Source of exchange rate use Treasury Department's Bureau of	
7 If asset reported on line 1 is stock of a fore a Name of foreign entity	ign entity or an interest in a foreign		the following information for the as (Optional)	sset.
c Type of foreign entity (1) L d Mailing address of foreign entity. Number,	Partnership (2) Lstreet, and room or suite no.	Corporation	(3) L Trust	(4) Estate
e City or town, state or province, and country	y (including postal code)		<u> </u>	
8 If asset reported on line 1 is not stock of a form Note. If this asset has more than one issuer or counterparty (see instructions). a Name of issuer or counterparty				
Check if information is for	Issuer Counterparty	1		
b Type of issuer or counterparty (1) Individual (2)	Partnership (3)	Corporation	(4) Trust	(5) Estate
c Check if issuer or counterparty is a	U.S. person Forei	gn person		
d Mailing address of issuer or counterparty.	Number, street, and room or suite r	10.		
e City or town, state or province, and country	/ (including postal code)			
		***************************************		Form 8938 (2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury ternal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ,

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or Sozo Children International print c/o Suzanne Owens 27-4552700 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 41st Street South instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Birmingham, AL 35222 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 **Application Application** Return Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 06 12 Suzanne Owens The books are in the care of ▶ 4 41st Street South - Birmingham, AL 35222 Telephone No. ► 205-401-8968 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this I request an automatic 6-month extension of time until November 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)