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2009

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning

, and ending

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  SOSM, INC.			D Employer identification number  59-3644816	
	Number and street (or P O box, if mail is not delivered to street address)		Room/suite		E Telephone number  (727) 631-0990
	P O BOX 16712				
	City, town, or county CLEARWATER	State FL	ZIP + 4 33766-6712	F Group Exemption Number ►	
	G Accounting Method Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				
	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)				

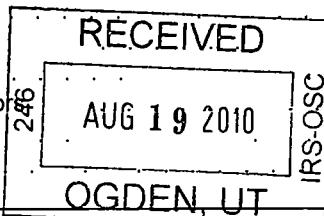
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► <http://sosminternational.com/>J Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 199,099

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1	199,099
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	0
5a Gross amount from sale of assets other than inventory	5a	0
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ► )	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	199,099
10 Grants and similar amounts paid (attach schedule)	10	15,950
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	73,148
13 Professional fees and other payments to independent contractors	13	1,590
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	863
16 Other expenses (describe ► See Attached Statement)	16	93,742
17 Total expenses. Add lines 10 through 16	17	185,293
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,806
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	153,939
20 Other changes in net assets or fund balances (attach explanation)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	167,745



## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,305	22 27,570
23 Land and buildings	124,338	23 130,579
24 Other assets (describe ► See Attached Statement)	15,296	24 9,596
25 Total assets	153,939	25 167,745
26 Total liabilities (describe ► )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	153,939	27 167,745

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

Form 990-EZ (2009)

(MIA)

6-9 3



**Part V Other Information (Note the statement requirements in the instructions for Part V )**

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  0

39 Section 501(c)(7) organizations Enter:  
 a Initiation fees and capital contributions included on line 9. 39a   
 b Gross receipts, included on line 9, for public use of club facilities. 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b , section 4912 ► 40c , section 4955 ► 40d

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40e

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40f

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 40g

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40h

41 List the states with which a copy of this return is filed. ► 41

42 a The organization's books are in care of ► MICHAEL J. GORDON Telephone no ► (727) 204-6374  
 Located at ► 2926 MAGNOLIA TRACE City TARPO SPRINGS ST FL ZIP + 4 ► 34688

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► 42b   
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43  N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		0
39a		
39b		
40b		X
40c		
40d		
40e		X
41		
42b		X
42c		X
43		
44		X
45		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes  No  46  X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47  X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48  X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a  X

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

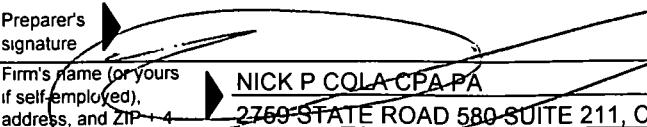
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0

f Total number of other employees paid over \$100,000. ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000. ►

<b>Sign Here.</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		Date <span style="float: right;">8-12-2010</span>	
	Signature of officer <b>MICHAEL GORDON</b>		TREASURER
	Type or print, name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <span style="float: right;">8/11/2010</span>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <span style="float: right;">►</span>	Preparer's identifying number (See instructions) <span style="float: right;">EIN ►</span>	
	<b>NICK P. COLA, CPA, PA</b> 2769 STATE ROAD 580 SUITE 211, CLEARWATER, FL 33761	Phone no <span style="float: right;">► (727) 797-3905</span>	

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

►  Yes  No

**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. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization  
SOSM, INC

Employer identification number  
59-3644816

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
<b>Total</b>									0

**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.)

**Section A. Public Support**

**Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	182,857	177,399	196,480	201,450	199,099	957,285
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	182,857	177,399	196,480	201,450	199,099	957,285
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						149,357
6 Public support. Subtract line 5 from line 4 . . . . .						807,928

**Section B. Total Support**

**Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	182,857	177,399	196,480	201,450	199,099	957,285
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						962
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		271				1,233
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 Total support. Add lines 7 through 10 . . . . .						958,518
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input checked="" type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	84.29%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	68.80%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

**Part III, Line 31 (990-EZ) - Other Program Services**

		<b>Program Service Expenses</b>
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
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(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Total	0	Total





**Part I, Line 16 (990-EZ) - Other Expenses**

		93,742
1 Travel	1	79,705
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	8,961
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest	9	
10 Supplies	10	
11 Telephone	11	885
12 Unrelated business income taxes	12	0
13 Bank charges	13	165
14 Office expense	14	336
15 Marketing	15	406
16 Supplies	16	3,172
17 Miscellaneous expenses	17	112
18	18	
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	

**Part II, Line 24 (990-EZ) - Other Assets**

	Description	Beginning	End
1	AUTOMOBILES	7,038	4,023
2	FURNITURE AND FIXTURES	2,536	1,892
3	MACHINERY AND EQUIPMENT	5,722	3,681
4			
5			
6			
7			
8			
9			
10			

**Use of Vehicles (4562 Part V, Section B) - 990EZ**

Vehicle Description	Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
					Y	N	Y	N	Y	N
1 82 NISSAN TRUCK EL	1		0	1	X			X		X
2 VEHICLE-EL SALVADO	1		0	1	X			X		X
3 VEHICLE-HONDURAS	1		0	1	X			X		X

**Form 4562 Statement - 990EZ****12/31/2009**

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec.	2009 Deprec	2009 Accum Deprec
OXYGEN TANK-EL SALVAD	4/9/2004	F-7	100.00%	1,200	0	0	0	1,200	5	SL	HY	1,140	60	1,200	
COMPUTER	12/29/2004	F-5	100.00%	1,083	0	0	0	1,083	5	SL	HY	868	108	976	
COMPUTER MONITOR	5/10/2005	F-5	100.00%	2,797	0	0	0	2,797	5	SL	HY	559	2,050	2,609	
FURNITURE-HONDURAS	5/24/2007	F-11	100.00%	3,000	0	0	0	3,000	5	SL	HY	745	203	948	
BUILDING-EL SALVAD	7/1/2004	R-5	100.00%	73,700	0	0	0	73,700	39	SL/GDS	MM	8,505	1,890	10,395	
BUILDING-EL SALVAD	7/1/2005	R-5	100.00%	41,950	0	0	0	41,950	39	SL/GDS	MM	3,766	1,076	4,842	
28' TRAILER	10/10/2005	V-4	100.00%	8,000	0	0	0	8,000	7	200DB	MQ4	5,189	803	5,992	
GENERATOR/TABLES	10/10/2005	F-10	100.00%	5,000	0	0	0	5,000	7	200DB	HY	3,244	447	3,691	
BUILDING-HONDURAS	3/1/2007	R-5	100.00%	11,500	0	0	0	11,500	39	SL/GDS	MM	541	295	836	

**Listed Property****Listed property with more than 50% business use (Line 25 and 26)**

82 NISSAN TRUCK-EL SALVAD	7/6/2005	V-7	100.00%	2,500	0	0	0	2,500	5	SL	HY	1,750	500	2,250
PROJECTOR AND DV	3/31/2004	F-4	100.00%	1,515	0	0	0	1,515	5	SL	HY	1,439	76	1,515
VEHICLE-EL SALVAD	5/24/2007	V-5	100.00%	5,000	0	0	0	5,000	5	200DB	HY	2,600	960	3,560
VEHICLE-HONDURAS	5/24/2007	V-5	100.00%	8,100	0	0	0	8,100	5	200DB	HY	4,212	1,555	5,767

Total listed prop with &gt; 50% business use

**Subtotal Listed Property**

Total listed prop with > 50% business use	17,115	0	0	0	17,115								10,001	3,091	13,092
<b>Subtotal Listed Property</b>	<b>17,115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,115</b>								<b>10,001</b>	<b>3,091</b>	<b>13,092</b>

Depreciation and Amortization  
(Including Information on Listed Property)Name(s) shown on return  
SOSM, INC

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return SOSM, INC	Business or activity to which this form relates 990EZ	Identifying number 59-3644816
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## Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29		7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	0
9 Tentative deduction Enter the smaller of line 5 or line 8		9	0
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	0
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	► 13		0

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

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,359

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

Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2009	17 4,511
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>

## Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

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

## Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

## Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	3,091
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,961
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

(HTA)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement )

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for dep- reciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25				
26 Property used more than 50% in a qualified business use											
		%									
		%									
See statement								3,091			
27 Property used 50% or less in a qualified business use.											
		%					S/L -				
		%					S/L -				
		%					S/L -				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	3,091			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	0			

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
	See Stmtnt					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		

*Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					
					43
					44
					0