832001 12-31-18

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address SOZO SUPPORTING ORGANIZATION FUND Name change 46-3233560 Doing business as Initial return Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 678.892.1874 102 ELM STREET termin ated 580.989. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended PROSPECT HEIGHTS, IL 60070 H(a) Is this a group return Applica-F Name and address of principal officer DAVID A. DILLON Yes X No for subordinates? 60070 102 ELM STREET PROSPECT HEIGHTS IL H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) ( (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number ► 3777 J Website: ► N/A Year of formation 2013 M State of legal domicile; DE K Form of organization. X Corporation Trust Other > [Partil] Summary EMPOWER ORGANIZATIONS TO HELP Briefly describe the organization's mission or most significant activities Governance COMMUNITIES AND INDIVIDUALS TO GROW IN THE DEPTH OF THEIR KNOWLEDGE if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box ▶ L 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a b Net unrelated business taxable income from Form 990-T, line 38 0. **Prior Year Current Year** 524.783. 577,354. Contributions and grants (Part VIII, line 1h) RECEIVED Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) OSC 3,635.  $\overline{130}$ . Investment income (Part VIII, column (A), lines 3, 4, a 10 (₽YD) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 4c, 10c, and 11e) 2 7019 0. 524,913. 580,989. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A) lines 1(3)GDEN, UT 509,793. 401,101. Λ. 0. Benefits paid to or for members (Part IX, column (A), Inc-4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 81,292. 6,875. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 482,393. 516,668. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 42,520. 64,321. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** 5 End of Year 150,586. 214,907. 20 Total assets (Part X, line 16) 0. Ω. Total liabilities (Part X, line 26) 150,586. 214,907. Net assets or fund balances Subtract line 21 from line 20 PartIII Signature Block Under penalties-of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign DAVID A. DILLON, PRESIDENT Here Type or print name and title Date Check Preparer's signature Print/Type preparer's name Donst **№00439343** DANA E. RING PS OI Paid Firm's name NATIONAL CHRISTIAN CHARITABLE TOUNDATION 58-1493949 Firm's EIN Preparer Firm's address 11625 RAINWATER DRIVE, SUITE 500 Use Only Phone no 4042520100 ALPHARETTA, GA 30009 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2018)

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) SOZO SUPPORTING ORGANIZATION FUND 46-3233560 Page 2
Pa	tillij Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	EMPOWER ORGANIZATIONS TO HELP COMMUNITIES AND INDIVIDUALS TO GROW IN
	THE DEPTH OF THEIR KNOWLEDGE OF JESUS CHRIST AND IN THEIR ABILITY TO
	CO-LABOR WITH HIM TO BUILD HIS KINGDOM.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
-	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 259,500. including grants of \$ 259,400. ) (Revenue \$)
74	CHARITABLE GRANTMAKING THAT EMPOWERS ORGANIZATIONS AND ULTIMATELY
	INDIVIDUALS TO GROW EMOTIONALLY, PHYSICALLY, SOCIALLY, CULTURALLY, AND
	SPIRITUALLY.
	DI INTOADDI.
	257 169 250 202
4b	(Code)(Expenses \$ 257,168. including grants of \$ 250,393. ) (Revenue \$)  ASSIST TOGETHER CHICAGO TO BE A CATALYST FOR LASTING TRANSFORMATION IN
	ASSIST TOGETHER CHICAGO TO BE A CATALYST FOR LASTING TRANSFORMATION IN THE CITY OF CHICAGO.
	THE CITY OF CHICAGO.
	<u>'</u>
4c	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 516,668.
	Form <b>990</b> (2018)

46-3233560

Form 990 (2018) SOZO SUPPORTING ORGANIZATION FUND Partily Checklist of Required Schedules

			V	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		[	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3.7
	Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	12b 13	X	X
13	· · · · · · · · · · · · · · · · · · ·			X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	$\vdash \dashv$	
ט	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash$	_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			37
	complete Schedule G, Part III	19		<u>X</u>
	- '	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
122000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		990	(2019)
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	1990 (2018) SOZO SUPPORTING ORGANIZATION FUND 46 Checklist of Required Schedules (continued)	-3233560	Р	age 4
[Fai	Checklist of Required Scheddles (continued)		Tv	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre			<del></del>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<del></del>	1	
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes	i. II		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	1/V <b>28b</b>		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an of	fficer,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			İ
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit	·		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	├	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ı		,,
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		<b>.</b>	
(Par	Note. All Form 990 filers are required to complete Schedule O  TiVI Statements Regarding Other IRS Filings and Tax Compliance		X	
(Fai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		I.	<u>                                     </u>
		2 F	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   [1b]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		X	
	(gambling) winnings to prize winners?	1c		(2018)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X					
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			لــــا					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? —	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠,					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١							
_	were not tax deductible?	6b		Η,					
7	Organizations that may receive deductible contributions under section 170(c).	<del></del>		X					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x					
	to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	<del>-/c</del> -		<u> </u>					
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		X					
9	Sponsoring organizations maintaining donor advised funds.			1					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ							
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them )			.					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<del> </del>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	<del>                                     </del>	<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O		-						
D	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								
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	1							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b> </b>	X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- <del></del>		t					
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O			l					
		Form	990	(2018)					

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 ba, bb, or rob below, describe the circumstances, processes, or enanges in concesse of cee metabations								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management			<del></del>					
	l. l. r		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 5								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3								
2									
	officer, director, trustee, or key employee?	2	X	<del></del> -					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	١ ـ		v					
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X					
	_ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6	-						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		х						
	more members of the governing body?	7a		_					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x					
_	persons other than the governing body?	7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<del></del>	$\overline{\mathbf{x}}$						
a	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	Λ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x					
Sec	organization's mailing address? [f "Yes." provide the names and addresses in Schedule O	<u> </u>							
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No					
40-	Did the everyone have level shorters bronches or offiliates?	10a	162	No X					
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		<del></del>					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	$\vdash$					
		110		<u> </u>					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	$\vdash$					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		<del>                                     </del>					
Ç		12c	х						
13	in Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approval by independent	<del></del> -	_==						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
9	The organization's CEO, Executive Director, or top management official	15a	x						
	Other officers or key employees of the organization	15b		х					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_							
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			<u> </u>					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
_	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶IL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	SO ADMINISTRATION - 678-892-1874								
	11625 RAINWATER DRIVE, SUITE 500, ALPHARETTA, GA 30009								
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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

 $\overline{\mathbf{X}}$ 

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

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per	(do	Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week	offic	cerar	ndad T	recto	s boti ir/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	e or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	l trusti	nal tru		oyee	ed wo		, , ,		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID A. DILLON	1.00	Ľ.		0	×	× =	4			
PRESIDENT/DIRECTOR		X		x				0.	0.	0.
(2) MICHELE F. DILLON	1.00									
VICE PRESIDENT/DIRECTOR		X		Х				0.	0.	0.
(3) WILLIAM N. SCHOLTENS	1.00									
VICE PRESIDENT/DIRECTOR	<u> </u>	X		X				0.	0.	0.
(4) ROGER L. SANDBERG SR.	1.00							_	SEE SCHED	HI.E O
SECRETARY/DIRECTOR	40.00	Х		X		L		0.	SEE SCHEL	
(5) DANA E. RING	1.00							_	SEE SCHEI	
DIRECTOR	40.00	Х	_	_	<u> </u>	_	ļ	0.	SEE SCREE	0 200
	-			1						
			_	_	ļ	_	_			
				_		⊢				
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				_	-	-				
		1								
		$\vdash$	$\vdash$	<del> </del>	-	╁				
	-									
	·						<u> </u>			
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		$\vdash$		$\vdash$	-	┢				
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· · · · · · · · · · · · · · · · · · ·	1	_				┢				
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		$\vdash$		-	H	$\vdash$	l —			
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			<u> </u>							
		1								
		Г				1				
		1					Ì			
										Earm 990 (2010)

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Form 990 (2018)

(A) Name and title	(B) Average hours per	I (do not check more than one		(D) (E)  Reportable Reportable compensation compensation		(F) Estimated amount of				
	week (list any hours for related organizations below line)	Individual trustee or director	finstitutional trustee	Officer B		Highest compensated		from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	-	_								
			ļ	_						
		_				_				
		_								
		L	_							
							<u> </u>		055 000 155	
1b Sub-total c Total from continuation sheets to Part VI	I, Section A						<b>▶</b>	0.	SEE SCHEI	
d Total (add lines 1b and 1c)							<u> </u>	0.	SEE SCHE	ULE O
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	o ac	ove	e) wn	o re	eceived more than \$100,	UUU of reportable	0
3 Did the organization list any former officer		ustee	e, ke	y en	nplo	yee,	or I	highest compensated er	mployee on	Yes No
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si	ım of reportabl								he organization	3 X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a									dual for services	4 X
rendered to the organization? If "Yes." con Section B. Independent Contractors	polete Schedule	e J fo	or st	ıch ı	oers	on				5 X
Complete this table for your five highest co the organization. Report compensation for	•								•	ation from
(A) Name and business					ALI C	J1 VVI		(B)  Description of s		(C) Compensation
Traine and business	daness	IAC	ONE	<u>,                                     </u>			7		5.11000	
				_				<del></del>		
	<del></del> -		-							
	_					-	1			
							$\dashv$			
2 Total number of independent contractors (i	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than	
\$100,000 of compensation from the organi	Zation -									5 990 (0010)

		Check if Schedule O conta			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grant	ons) 1e	202,029.				
od Othe	_	Similar amounts not illuluded above Noncash contributions included in lines 1	la-1f \$	375,325.	E77 2EA		a the In v	
<u> ps</u>	<u>-h-</u>	-Total. Add lines 1a-1f		<u> </u>	57-7-,351.	م مدر دو دو دو	+ 164 P	
İ				Business Code	<del> </del>		<del></del>	·
2				-				ļ
0	þ							
ā	С							<u> </u>
SX6	d							
Revenue	е							
	f	All other program service rever	nue					
		Total. Add lines 2a-2f		<b>•</b>				
3		Investment income (including	dividends intere					
3	,		uividerios, iritere		3,635.			3,639
١.		other similar amounts)			3,033.			3,03.
4	ļ	Income from investment of tax	exempt bond p	roceeds				
5	;	Royalties						
1			(ı) Real	(II) Personal				1
6	a	Gross rents						1
	b	Less rental expenses				,		
	c	Rental income or (loss)						
		, ,					<del></del>	-
1_		Net rental income or (loss)						
'	а	Gross amount from sales of	(i) Securities	(II) Other				
1		assets other than inventory						
	b	Less cost or other basis						
-		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b></b>				
8	за	Gross Income from fundraising including \$	•					
<u> </u>		contributions reported on line	1c) See	İ				
		Part IV, line 18	a	1				
<u> </u>	h	Less direct expenses	b					
<b>5</b>		Net income or (loss) from fund	<del>-</del>		<del></del> _	ľ		
				<del>-</del>				<b>†</b>
9	a	Gross income from gaming ac			•			
1		Part IV, line 19	a	<u> </u>				1
1		Less direct expenses	b					-
1		Net income or (loss) from gam					<del> </del>	<u> </u>
10	) a	Gross sales of inventory, less i	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
1		Net income or (loss) from sales		<b>•</b>				
	<u> </u>	Miscellaneous Revenue		Business Code				1
1				Duamess Code	······································			-
11	∣a			<del></del>				<del>                                     </del>
	b			<del>                                     </del>				+
	C			ļ		-		<b>_</b>
	d	All other revenue						<del> </del>
-1	е	Total. Add lines 11a-11d		▶ [				
ı					580,989.	0.1		3,63

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	<u></u>		nplete column (A)	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	F00 703	500 703		
_	and domestic governments See Part IV, line 21	509,793.	509,793.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees				
•	Compensation not included above, to disqualified			<del></del>	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		<del></del>	<del>_</del> _	
8	Pension plan accruals and contributions (include				
ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes				
11	Fees for services (non-employees)			_	
а	Management				
b	Legal		_		
С	Accounting		· <del>-</del> · -		
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 O.)	6,750.	6,750.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology			-	
15	Royalties				
16	Occupancy		·		
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<del></del>	
20	Interest	· · ·			
21 22	Payments to affiliates  Depreciation, depletion, and amortization				
23	Insurance			-	
24	Other expenses Itemize expenses not covered				
24	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 0)				
а	BANK SERVICE CHARGES	125.	125.		
b					
c					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	516,668.	516,668.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				5 990 (2016)

Form 990 (2018)
Part X Balance Sheet

		-		(A) Beginning of year		(B) End of year
_	Π.				_	
j	1	Cash - non-interest-bearing	-	125,586.	1	56,404
	2	Savings and temporary cash investments	-		2	
	3	Pledges and grants receivable, net	25 000	3	2 502	
	4	Accounts receivable, net		25,000.	4	3,503
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensate	ed employees Complete	<u></u>	-	<del></del>
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifie		1		
		section 4958(f)(1)), persons described in section 4		1		
		employers and sponsoring organizations of sectio				
ន្ត		employees' beneficiary organizations (see instr) C	omplete Part II of Sch L	-	6	155 000
Assets	7	Notes and loans receivable, net	-		7	155,000
٦	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges	, <u> </u>		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a	Weeks the state of		
	l	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	-		11	
	12	Investments - other securities See Part IV, line 11	-		12	
	13	Investments - program-related See Part IV, line 11	-		13	
	14	Intangible assets	ļ-		14	
	15	Other assets See Part IV, line 11	-	150 506	15	014 005
┥	16	Total assets. Add lines 1 through 15 (must equal	line 34)	150,586.	16	214,907
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	-		18	
	19	Deferred revenue	-		19	
ĺ	20	Tax-exempt bond liabilities	<u>-</u>		20	
	21	Escrow or custodial account liability Complete Pa	T		21	
s	22	Loans and other payables to current and former o	i			
	}	key employees, highest compensated employees,	and disqualified persons			
Liabilities		Complete Part II of Schedule L	·		22	<del></del>
-	23	Secured mortgages and notes payable to unrelate	·		23	
	24	Unsecured notes and loans payable to unrelated t	· ·		24	····
İ	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24) Complete Part X of			
		Schedule D	-	0.	25	0
$\dashv$	26	Total liabilities. Add lines 17 through 25	check here 🕨 🗓 and	0.	26	
		Organizations that follow SFAS 117 (ASC 958),	· <del></del>			
š		complete lines 27 through 29, and lines 33 and	34.	150,586.	27	214,907
Net Assets or Fund Balances	27	Unrestricted net assets	-	130,360.		214,307
<u> </u>	28	Temporarily restricted net assets	-	<u> </u>	28	
2	29	Permanently restricted net assets	0.050) abaat baar 🔊 🗀		29	<del></del>
2		Organizations that do not follow SFAS 117 (ASC	2 938), check here ▶ 🔲			
١٥	20	and complete lines 30 through 34.			<del></del>	
Sec	30	Capital stock or trust principal, or current funds			30	
2	31	Paid-in or capital surplus, or land, building, or equ	·		31	
<b>j</b>	32	Retained earnings, endowment, accumulated inco	ome, or other tunas	150,586.	32	214,907
-	33	Total net assets or fund balances	-	150,586.	33	214,907
丄	34	Total liabilities and net assets/fund balances		130,300.	34	Form <b>990</b> (20

Form	990 (2018) SOZO SUPPORTING ORGANIZATION FUND	<u>46-32</u>	<u> 233560</u>	Pag	<sub>e</sub> 12
<b>P</b> a	rt·XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,98	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,66	
3	Revenue less expenses Subtract line 2 from line 1	3		, 32	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	150	, 58	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				_
	column (B))	10	214	,90	<u> </u>
Pa	rtiXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		<b>.</b>	البيا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			7.7
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			v
	Act and OMB Circular A-133?		3a	-	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	99U ()	2018)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018
Open to Public

Inspection
Employer identification number

Name of the organization

SOZO SUPPORTING ORGANIZATION FUND

46-3233560

	5040	SOPPORTING	2 OKGWNITANII(	NN LOL	עויי	<u>+</u>	0-3233300				
Part	Reason for Public (	Charity Status (A	All organizations must co	mplete th	s part ) Se	ee instructions					
The ora	anization is not a private found						1				
1	A church, convention of ch	·		-		n(A)(i).	12				
2	A school described in sect	·				· //· · //·	, –				
	A hospital or a cooperative	, ,, ,, ,, ,									
3 -							the hespital's name				
4	A medical research organiz	ation operated in cor	ijunction with a nospital	described	iii sectio	in 170(b)(1)(A)(iii). Eintei	the hospital s hame,				
_	city, and state										
5	An organization operated for		lege or university owned	or operate	ed by a go	overnmental unit describe	ed in				
	section 170(b)(1)(A)(ıv). (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 norma	illy receives a substar	itial part of its support fr	rom a gove	ernmental	unit or from the general p	oublic described in				
	section 170(b)(1)(A)(vi). (C	complete Part II)									
8 🗆	A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II )							
9	An agricultural research org	ganization described	n section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college				
	or university or a non-land-g										
	university	<b>J</b>	,			,					
10	An organization that norma	illy receives (1) more	than 33 1/3% of its suni	nort from c	ontributio	ns membershin fees an	d aross receipts from				
	activities related to its exen	•									
	income and unrelated busin										
			(less section 511 tax) inc	iii busiiles	ises acqui	red by the organization a	inter June 30, 1373				
	See section 509(a)(2). (Co			r-4 . O		20(-1/4)					
11 [	An organization organized						,				
12 X			•								
	more publicly supported or	-					Check the box in				
-	lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g					
a	X Type I. A supporting orga	•		-	_						
	the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	ctors or trustees of the su	pporting				
	organization You must of	complete Part IV, Se	ctions A and B.								
ь [	Type II. A supporting org	janization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ring				
	control or management of	of the supporting orga	inization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
	organization(s) You mus										
c	Type III functionally inte			in connect	tion with, a	and functionally integrate	d with,				
	its supported organizatio										
d [	Type III non-functionally						ration(s)				
<b>u</b> .	that is not functionally int		-								
	requirement (see instruct	-		-			7011000				
٦											
e L	Check this box if the orga					Type I, Type II, Type III					
	functionally integrated, o		nally integrated supporting	ng organiz	ation		1				
	nter the number of supported o						1				
<u>g</u> P	rovide the following information			I (iv) is the orn:	nization listed	(u) Amount of monotons	(w) Amount of other				
	(i) Name of supported	(n) EIN	(iii) Type of organization (described on lines 1 10	ın your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
	organization		above (see instructions))	Yes	No	Support (See Instructions)	support (see a structions)				
	ONAL CHRISTIAN										
CHAR	ITABLE FOUNDATI	58-1493949	<u> </u>	X		516,668.					
				1							
				<u> </u>							
				<del>                                     </del>	ļ	516 669	<del>                                     </del>				

	rt II Support Schedule for (	OZO SUPPO Organizations	Described in	Sections 170(	<b>b)(1)(A)(iv) and</b>	46-323 170(b)(1)(A)(v	
	(Complete only if you checked			_	n failed to qualify i	ınder Part III If the	organization
~	fails to qualify under the tests	listed below, plea	se complete Part	III }			
	tion A. Public Support			T	1		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and					/	1
	membership fees received (Do not include any "unusual grants")		•				
	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					/	
	the organization without charge	_					
4	Total. Add lines 1 through 3					i	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					į	
	on line 1 that exceeds 2% of the			/	1		
	amount shown on line 11,					1	
	column (f)						
	Public support. Subtract line 5 from line 4 tion B. Total Support			<del></del>	i,	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(a) 2014	(5) 2013	(6) 2010	(0) 2017	(0) 2010	(i) Total
	Gross income from interest,			/			
	dividends, payments received on		/				
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			1			
	activities, whether or not the			1			
	business is regularly carried on		/				<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
	Total support. Add lines 7 through 10					<u> </u>	
	Gross receipts from related activities,	/				12	<u>.</u>
13	First five years. If the Form 990 is for	<i>,</i> -	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
Sec	organization, check this box and stop tion C. Computation of Publi		centage				
	Public support percentage for 2018 (li		*	column (fl)		14	%
	Public support percentage from/2017					15	%
	33 1/3% support test - 2018, If the c			on line 13, and line	14 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			ightharpoons
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt VI how the orga	inization
	meets the "facts and circumstances"	_	•		_		
	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						ie
	organization meets the "facts-and-circ		•	•	•		<b>₹</b> ⊟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17l			
					Sch	eaule A (Form 99	0 or 990-EZ) 2018
	•						

(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

62.	ction A. Public Support	elow, please comp	piete Fart II )			<del>_</del>	<del></del>
		4 > 6 5		1 ,,,,,,,	4 0 2247	1 1 2010	77
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			}	1	/	1
	include any "unusual grants ")					<del>                                     </del>	
2	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	P				7	
	are not an unrelated trade or bus-				ر ا	<i>1</i>	
	iness under section 513				/		
	Tax revenues levied for the organ-			<u> </u>	<del>                                     </del>		
4	•						
	ization's benefit and either paid to						
	or expended on its behalf			<del> </del>	<del>                                     </del>		<u> </u>
5	The value of services or facilities			1			
	furnished by a governmental unit to				/		
	the organization without charge			ļ	<u> </u>		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received	· <u>-</u> ·					
	from other than disqualified persons that						
	exceed the greater of \$5 000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b			/			<u> </u>
					<u> </u>		<del>                                     </del>
	Public support. (Subtract line 7c from line 6) ction B. Total Support		//	.:1	·1	·!	<u>'I</u>
		(=) 201 <i>4</i>	<b>(b)</b> 2015	(a) 2016	(4) 2017	(a) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(6) 2015	(c) 2016	(d) 2017	(e) 2018	(i) iotai
	Amounts from line 6		<del></del>				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		<b>/</b>	<del> </del>	<u> </u>		<u> </u>
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain				<del> </del>		<u> </u>
	or loss from the sale of capital						
	assets (Explain in Part VI)					<del>                                     </del>	
	Total support (Add lines 9, 10c 1) and 12)					- 504(-)(0)	
14	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	ation,
<u> </u>	check this box and stop here	- C					
	ction C. Computation of Publi					1-1	
15	Public support percentage for 2018 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					<del>, , · · · · · · · · · · · · · · · · ·</del>	
17	Investment income percentage for 20	1 <b>18</b> (line 10c, colu	mn (f), divided by	line 13, column (f))		17	<u>%</u>
18	Investment income percentage from 2	<b>2017</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did i	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	id <b>stop here.</b> The	organization qual	lifies as a publicly s	supported organiza	ation	ightharpoons
b	33 1/3% support tests - 2017. If the	organization did i	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec						▶□
		a did aat abaali a	hay an line 14 10	a or 10h chack th	are how and see in	etructions	
20	Private foundation. If the organization	n did not check a	DOX ON IINE 14, 18	a, or 130, check u	IIS DOX ariu see III	3000000	

(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)			
<u>Sec</u>	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1	Х	
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)	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	ļ		
	(b) and (c) below	3a		X
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	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  f			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	$\vdash$	X
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	4b		
С	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	!	ľ	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-		
<b>-</b> -	purposes	4c		
ъа	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	İ		
	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)	5a		X
h	Type I or Type II only. Was any added or substituted supported organization part of a class already		<del></del>	
~	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	Ì		
	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.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		Х
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.	9a		_X
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.	9b		X
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.	9c	┝┈┤	X
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			37
	supporting organizations)? If "Yes," answer 10b below	10a	<del>  </del>	X
Ь	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.)	10b		

832024 10-11-18

		<u>-323356</u>	0 Pa	age <b>5</b>
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u>.—.</u>		
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations		_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ŀ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		<del></del> -	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		•	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations		r	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ľ	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		├
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<b>├</b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ons).		
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	; instructions)		Ι
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		İ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Ì	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		}	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		├
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	- <u></u> -	<del></del>	
_	activities but for the organization's involvement	2b	<b></b>	$\vdash$
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- <u>-</u> -		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	$\vdash$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<del></del>	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	Ш	Щ

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990 EZ) 2018 SOZO SUPPORTING ORGANIZATION FUND 46-3233560 Page 7								
Par	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<b>.</b>					
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	ie organization is responsive						
	(provide details in Part VI) See instructions		<u></u>					
9	Distributable amount for 2018 from Section C, line 6			<u> </u>				
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-			}				
	able cause required- explain in Part VI) See instructions							
3	Excess distributions carryover, if any, to 2018							
	From 2013		· · · · · · · · · · · · · · · · · · ·					
	From 2014							
	From 2015			•				
	From 2016							
	From 2017							
	Total of lines 3a through e							
	Applied to underdistributions of prior years			i				
	Applied to 2018 distributable amount	· · · · · · · · · · · · · · · · · · ·						
	Carryover from 2013 not applied (see instructions)							
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2018 from Section D,							
•	line 7 \$	ι	,	]				
а	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount			· · · · · · · · · · · · · · · · · · ·				
	Remainder Subtract lines 4a and 4b from 4	<u>, , , ,                              </u>						
5	Remaining underdistributions for years prior to 2018, if			i				
•	any Subtract lines 3g and 4a from line 2 For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2018 Subtract lines 3h							
Ū	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2019. Add lines 3			1				
•	and 4c							
8	Breakdown of line 7	1 1	1 1					
	Excess from 2014		,	<u> </u>				
	Excess from 2015							
	Excess from 2016			i				
	Excess from 2017							
	Excess from 2018							
			A					

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018 SOZO	SUPPORTING	G ORGANIZA	ATION FUND	46-3233560 Pag
Part VI	Supplemental Part IV, Section A line 1, Part IV, Sec	I Information. P , lines 1, 2, 3b, 3c, 4 ction D, lines 2 and 3 , 6, and 8, and Part \	rovide the explana b, 4c, 5a, 6, 9a, 9t i, Part IV, Section I	itions required by l o, 9c, 11a, 11b, an E, lines 1c, 2a, 2b,	Part II, line 10, Part II, lii d 11c, Part IV, Section 3a, and 3b, Part V, line	ne 17a or 17b, Part III, line 12, B, lines 1 and 2, Part IV, Section C, e 1, Part V, Section B, line 1e, Part V, y additional information
	(Occ mondonono)					
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832028 10-11-18

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Employer identification number

name or th	ie organization		Employer identification full			
	SOZO SUPPORTING ORG	GANIZATION FUND	46-3233560			
Part     Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
organization answered "Yes" on Form 990, Part IV, line 6						
		(a) Donor advised funds	(b) Funds and other accounts			

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4	
2	Aggregate value of contributions to (during year)	289,000.	
3	Aggregate value of grants from (during year)	250,393.	
4	Aggregate value at end of year	132,433.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		X Yes No
Pa	tell Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
	Number of conservation easements included in (c) acquired af	• •	,
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the o	rganization during the tax
	year <b>&gt;</b>		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	<del></del>	
	violations, and enforcement of the conservation easements it l		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		rvation easements during the year
	<b>•</b>	•	
7	Amount of expenses incurred in monitoring, inspecting, handle	ng of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		- ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		, ,
Pa	tilli Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	•	
	the text of the footnote to its financial statements that describ		•
b	If the organization elected, as permitted under SFAS 116 (ASC		nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edi	•	
	relating to these items	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial o	
_	the following amounts required to be reported under SFAS 11	•	7mm, 16. 4 mm
~	Revenue included on Form 990, Part VIII, line 1	c v .cc body rolating to those items	<b>&gt;</b> \$
	Assets included in Form 990, Part X		• \$
	For Panerwork Reduction Act Notice, see the Instructions	for Form 000	Schedule D (Form 990) 2012

832051 10-29-18

		PPORTING O				011	0: :1	46-32			ge 2
Rar	tulli Organizations Maintaining C								_		
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	are a sig	gnificant i	use of its c	ollection i	tems	
	(check all that apply)										
а	Public exhibition	C			hange progra						
b	Scholarly research	€	• 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	npt purpo	se in Part	XIII		
5	During the year, did the organization solicit o					r sımılar	assets	_	_		
T	to be sold to raise funds rather than to be ma								Yes	$\bot$	<u>No</u>
i Par	tilvi Escrow and Custodial Arrang reported an amount on Form 990, Par		ete ıf the	organizatio	n answered "	'Yes" on	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f	<u> </u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	ustodial accou	unt liabili	ty?		_ Yes		No
	If "Yes," explain the arrangement in Part XIII								_		
Par	Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo					Т		
		(a) Current year	(b) F	Prior year	(c) Two year	s back	(d) Three	years back	(e) Four	/ears b	ack
1a	Beginning of year balance		ļ					· · · ·			
b	Contributions				-						
С	Net investment earnings, gains, and losses								<b>_</b>		
d	Grants or scholarships		-								
е	Other expenditures for facilities										
	and programs					-			<u> </u>		<del></del>
f	Administrative expenses	<u></u>							<u> </u>		
g	End of year balance	<u> </u>			<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)	)) held as						
а	Board designated or quasi-endowment		_%								
ь	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse .	ssion of the organiza	ation tha	t are neid ar	na administer	ea for th	e organiz	ation	Γ,	T	
	by									Yes	No_
	(i) unrelated organizations								3a(ı)		
_	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	stions listed as requir	od on S	chadula D2					3a(ii) 3b	$\dashv$	—
4	Describe in Part XIII the intended uses of the	•							[ 30 ]		
	tiVIE Land, Buildings, and Equipm		William I	unus							
1024.	Complete if the organization answere		) Part IV	/. line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o	_	1	t or other		ccumulat	ed	(d) Book	value	
	becomplied of property	basis (investi			(other)		oreciation		, 4, 5001		
19	Land	,			• •						
	Buildings		-		<u> </u>						
	Leasehold improvements								-		
	Equipment				-						_
	Other										
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colun	nn (B). line 1	0c.)			<b></b>			0.

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018

(8) (9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

SOZO SUPPORTING ORGANIZATION FUND 46-3233560 Page 4 Schedule D (Form 990) 2018 Part/XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a a Net unrealized gains (losses) on investments 2b Donated services and use of facilities Recoveries of prior year grants 2c 2d Other (Describe in Part XIII) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) c Add lines 4a and 4b 4¢ Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. [Part:XII] Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a Donated services and use of facilities 2b b Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 RartiXIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: AS A MEMBER OF A GROUP WITH CONSOLIDATED FINANCIAL STATEMENTS, ORGANIZATION DID NOT INCUR INCOME TAX EXPENSE FOR THE FILING YEAR. THE FINANCIAL STATEMENT EFFECTS INCLUDING INTEREST AND PENALTIES OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. Schedule D (Form 990) 2018 832054 10-29-18

chedule D (Form 990) 2018 SOZO SUPPORTING ORGANIZATION FUND	46-323356U Page
Part XIII   Supplemental Information (continued)	
	<del></del>
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Schedule D (Form 990) 2018

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

SOZO SUPPORTING ORGANIZATION FUND

General Information on Grants and Assistance

Part

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

2018	Open to Public Inspection
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OMB No 1545-0047

Employer identification number 46-3233560

**2** Schedule I (Form 990) (2018) SUPPORTED ORGANIZATION CATALYST FOR COMMUNITY (h) Purpose of grant or assistance DISCIPLESHIP, MERCY, INANCIAL SERVICES ISCIPLESHIP AND X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any EVELOPMENT EVANGELISM TUSTICE CHURCH (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 ٥. 。 。 ٠. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 6,000, 24,000. 70,000. 106,000. 15,600. 247,393. (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 36-3205152 501(C)(3) 23-2836648 501(C)(3) 20-4326440 501(C)(3) 23-2223692 | 501(C)(3) 36-2317631 501(C)(3) 82-3256928 501(C)(3) Enter total number of other organizations listed in the line 1 table (b) EIN criteria used to award the grants or assistance? PO BOX 1 (a) Name and address of organization COVENANT PRESBYTERIAN CHURCH OF CHICAGO - 2012 W. DICKENS AVE -DONATIONS PROCESSING CENTER, PROSPECT HEIGHTS, IL 60070 SUNSHINE GOSPEL MINISTRIES or government TOGETHER CHICAGO, INC. 227 GRANITE RUN DRIVE ALBERT LEA, MN 56007 NCF CHARITABLE TRUST LANCASTER, PA 17601 HOPE INTERNATIONAL CHICAGO, IL 60647 500 E 61ST STREET CHICAGO, IL 60637 TAMPA, FL 33672 102 ELM STREET PO BOX 172211 Part II SERGE

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Schedule   (Form 990) SOZO SUPPORTING ORGANIZATION FUND  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	ORTING OR	SUPPORTING ORGANIZATION I	FUND inizations in the Uni	ted States (Sche	dule I (Form 990), Par	ļ.	46-3233560 Page 1
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC sectron if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO FELLOWSHIP PO BOX 7212 CHICAGO, IL 60680	20-0530166	501(C)(3)	7,200.	.0	·		COMMUNITY DEVELOPMENT
ENTRUST 910 PINON RANCH VIEW #101 COLORADO SPRINGS, CO 80907-3311	54-1256309	501(C)(3)	12,000.	0			CHURCH LEADERSHIP
LIGHTBEARERS MINISTRY PO BOX 9911 FAYETTEVILLE, AR 72703	73-1474573 501(C)(3)	501(C)(3)	6,000.	0			SPIRITUAL DEVELOPMENT
	L.,						
						i	Schedule I (Form 990)

04-01-18

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION DOES NOT MONITOR THE USE OF FUNDS GRANTED TO ORGANIZATIONS ORGANIZATIONS QUALIFY AS EXEMPT FROM FEDERAL INCOME TAX UNDER CODE SECTION IN THE UNITED STATES SINCE IT GRANTS FUNDS TO ORGANIZATIONS ONLY IF THOSE OR OTHER PURPOSES DESCRIBED IN THAT CODE SECTION [Part IV] Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information TO USE SUCH FUNDS ONLY FOR RELIGIOUS (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients AND THEREFORE ARE BOUND (a) Type of grant or assistance EDUCATIONAL, 7 PART I, LINE (3) CHARITABLE 501 (C)

Schedule I (Form 990) (2018)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization SOZO SUPPORTING ORGANIZATION FUND	Employer identification number 46-3233560
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
EMPOWER ORGANIZATIONS TO HELP COMMUNITIES AND INDIVIDUALS	TO GROW IN
THE DEPTH OF THEIR KNOWLEDGE OF JESUS CHRIST AND IN THEIR	ABILITY TO
CO-LABOR WITH HIM TO BUILD HIS KINGDOM.	
FORM 990, PART VI, SECTION A, LINE 1:	
A MAJORITY OF DIRECTORS ARE APPOINTED BY THE SUPPORTED ORG	ANIZATION
(NATIONAL CHRISTIAN CHARITABLE FOUNDATION "NCF"). CERTAIN	NCF DIRECTORS ARE
NOT CONSIDERED INDEPENDENT SINCE THEY RECEIVE COMPENSATION	FROM NCF FOR
SERVICES PROVIDED TO NCF.	_
FORM 990, PART VI, SECTION A, LINE 2:	
DAVID DILLON AND MICHELE DILLON HAVE A FAMILY RELATIONSHIP	•
FORM 990, PART VI, SECTION A, LINE 7A:	
A MAJORITY OF THE DIRECTORS SHALL BE DESIGNATED BY NATIONA	L CHRISTIAN
CHARITABLE FOUNDATION, INC. (NCF), THE "NCF DIRECTORS". TH	E NCF DIRECTORS
SHALL EACH BE A PERSON WHO IS NOT A "DISQUALIFIED PERSON"	AS THAT TERM IS
DESCRIBED IN SECTION 4946 OF THE INTERNAL REVENUE CODE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S TAX RETURN IS COMPILED FROM FINANCIAL R	ECORDS THAT WERE
SUBJECT TO LIMITED AUDIT PROCEDURES FROM THE CONSOLIDATED	AUDIT OF NATIONAL
CHRISTIAN CHARITABLE FOUNDATION, INC. ONCE PREPARED BY TH	E PROFESSIONAL
TAY DDEDADED THE DETIENT TO DEVITEMEN BY ANOTHER TAY DDOFED	CTONNI. AFTER

THIS INITIAL REVIEW, THE FULL TAX RETURN IS SENT TO ALL DIRECTORS FOR THEIR

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Employer identification number Name of the organization 46-3233560 SOZO SUPPORTING ORGANIZATION FUND FINAL REVIEW PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY. ALL OF THESE INDIVIDUALS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR DISCLOSING ANY AREAS OF CONFLICT. DURING THE YEAR, IF A POTENTIAL CONFLICT ARISES WHERE AN APPLICABLE INDIVIDUAL HAS A CONFLICT OF INTEREST, THE INDIVIDUAL RECUSES THEMSELVES FROM THE DISCUSSION AND DECISION AS MANDATED BY THE POLICY. THE POLICY SPELLS OUT WHAT NOTICE IS TO BE PROVIDED BY AN INDIVIDUAL WITH A CONFLICT, AND THEN HOW DECISION MAKING THEREAFTER IS TO BE EFFECTED. FORM 990, PART VI, SECTION B, LINE 15A: THERE ARE NO OFFICERS, DIRECTORS OR KEY EMPLOYEES COMPENSATED AT THIS TIME. FORM 990, PART VI, SECTION C, LINE 18: ORGANIZATION MAKES FORM 990 AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC. FORM 990, PART VII, COMPENSATION DANA E. RING AND ROGER L. SANDBERG, SR. ARE COMPENSATED BY NCF, THE SUPPORTED ORGANIZATION OF THE ORGANIZATION. PLEASE SEE NCF FORM 990 FOR REPORTABLE COMPENSATION.

SCHEDULE R

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2018

OMB No 1545-0047

n Open to Public

Employer identification number 46-3233560 Direct controlling entity Erid-of-year assets <u>e</u> Total income Ð ► Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) ► Attach to Form 990. SOZO SUPPORTING ORGANIZATION FUND Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II

(a) (b) (c) Name, address, and EIN Of related organization  of related organization  foreign country)

46-3233560

Page 2

SOZO SUPPORTING ORGANIZATION FUND

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34; because it had one or more related organizations treated as a partnership during the tax year PartIII

₹	General or Percentage managing ownership partner? Yes No											
	ow ow	 					_		$\vdash$			
9	General managa partner		_	 ┢	-		 t		╁	 		1
8	Code V-UBI General or Pe amount in box managing or 20 of Schedule F-1 (Form 1065)											
ε			-	 _	-	_	-	 -	 	 		
(6)	Share of end-of-year assets											
(£)	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)										•	
(p)	Direct controlling entity											
(2)	Legal domicile (state or foreign county)									_		
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

	<del></del>	b)(13)		Yes No									
		512(b)(13) controlled	18	Yes									
	Ð	Percentage ownership											
		Share of end-of-year											
	£	Share of total income				***	 •	<b>-</b>	 _	 	 -		
	(e)	Type of entity C corp, S corp	or trust)										
	(g)	Legal domicile Direct controlling (state or entity											
	(2)	Legal domicite (state or	foreign	conun's)									
ווופ מוס ומי אכמו	(q)	Primary activity											
סוקמווובמוסוס וופמופס מס מיסוףטומווסו טו וועסי טטווווק וווס ומא זיפו	(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2018

Page 3

Yes

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9

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

	e or more related organizations listed in Parts II-IV?	
	ons with on	
ule	transact	
I, III, or IV of this schedu	following	
l∨ of th	y of the 1	
II, III, or	n an	•
d in Parts I	ın engage ı	
ıs listed ı	organizatic	
entity	d the org	
1 if any	ax year, dıc	
plete line	the tax y	:
Com	During 1	
Note:	_	

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)

    - Gift, grant, or capital contribution from related organization(s)
      - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	o must complete the	s line, including covered re	lationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NCF CHARITABLE TRUST	В	70,000.CASH	заѕн
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, (2) INC.	U	190,000.CASH	уазн
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2018

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(a)	(0)	1	<u>e</u>	(1)	(6)	Ξ	(i)	6	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec	Share of	Share of	Dispropor-	Code V-UBI	General	Percentage
of entity	(	ğ	(related, unrelated,	501(c)(3) orgs ?	total	end-of-year	tionate allocations?	tionate amount in box 20 managing ownership allocations? of Schedille K-1	managin partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2018 SOZO SUPPORTING ORGANIZATION FUND	46-3233560 Pag
Part VII: Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
FORM 990, PART IV, LINE 34 AND SCHEDULE R, PART II	
	D CANTE A MICHG
SEE NCF FORM 990 FOR A COMPREHENSIVE LIST OF ALL RELATED C	RGANIZATIONS.
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