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SCANNED APR 23 2010

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a convex of this must be safety state reporture requirements.

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

OMB No 1545-1150

2008

Open to Public Inspection

Ā	For the	2008 calend	ar year,	or tax year beginning , 2008, and endir	ng			, 20
В	Check if ap	pplicable	Employ	oyer identification number				
	Address change use IRS label or			Soroptimist International of Everett	ı	91		2143508
	Name cha	•		oom/suite E	Telepho	mber		
닏	Initial retu	ttal return type.					١	
H	Termination Amended		Specific	City or town, state or country, and ZIP + 4		Group I		tion.
H	Application		instruc- tions.	Everett, WA 98206	17	Number		DUON ►
==					G Accoun			☑ Cash ☐ Accrual
	• Secur	011 301(0)(3)	-	pleted Schedule A (Form 990 or 990-EZ).		specify) •		€ orest □ vcctor
_					rganization is not			
ı	Websit			edule B (Form 990,				
			, or 990-F					
				ly one) — 501(c) (3) (insert no) □ 4947(a)(1) or □ 527 n is not a section 509(a)(3) supporting organization and its gross receipts	s are norma	ally not m	ore the	an \$25 000. A return is
N			-	zation chooses to file a return, be sure to file a complete return	.5 (110)1116	any not m	OIG LIN	an w20,000 A return is
L	<u>-</u> -		<u>~</u> _	ie 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instea	d of Form 9	990-EZ	▶ \$	
	art I			nses, and Changes in Net Assets or Fund Balances (S			ns fo	or Part I.)
	1			grants, and similar amounts received			1	5434
	2		. •	evenue including government fees and contracts			2	0
	3					-	3	9242
	4	Investment	•				4	0
	5a			m sale of assets other than inventory 5a		24561		
	b			er basis and sales expenses		13585		
	C			sale of assets other than inventory (Subtract line 5b from line 5a) (att	tach cohod	tuto)	5c	10976
9	6			rities (complete applicable parts of Schedule G) If any amount is from gaming, chec				
Revenue	1	Gross reve	イー	1				
<u></u>	a		1					
-	h	reported o	3					
	b	Net incom	101	6c	0			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 10							<u> </u>
	1 .		75/	1				
	b	Less. cost Gross prof	- 11	7c	0			
	8	Other reve	· ' '	8	0			
	9		/ ├	9	25652			
_	10			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			10	9019
	11			or for members		• • •	11	0
õ	J	Salaries, o	· ·	12	0			
Se	13	Profession	· -	13	0			
Expenses	14		[14	0			
ŭ	15							60
	1	16 Other expenses (describe ► Dues, meeting and convention expenses)						7908
	17	•						16987
s	18	Excess or	(deficit)	for the year (Subtract line 17 from line 9)			18	8665
Net Assets	19		•	d balances at beginning of year (from line 27, column (A)) (m				
Ą	''	end-of-vea	ar figure	e reported on prior year's return)	loot agroo		19	92768
o	20	Other char	nges in	net assets or fund balances (attach explanation)			20	0
z	21			d balances at end of year. Combine lines 18 through 20			21	101433
Р	art II	Balance	Sheets	s. If Total assets on line 25, column (B) are \$2,500,000 or more	, file Form	990 ins	tead	of Form 990-EZ.
		(See the instructions for Part II.) (A) Beginning of						(B) End of year
2	2 Cash	P. Cash, savings, and investments					8 22	101433
2	23 Land and buildings						0 23	0
2							0 24	0
2		•			<u></u>		8 25	
2	6 Tota	al liabilities	(describ	pe ▶)			0 26	
2				lances (line 27 of column (B) must agree with line 21)	<u> </u>		8 27	101433
Fo	r Privac	v Act and Pa	aperwor	k Reduction Act Notice, see the Instruction for Form 990.	Cat. No 16	06421		Form 990-EZ (2008)



Part III Statement of Program Service Accom	plishments (See the inst	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?	ommunity Service and Ed	ducational		(Rec	uired for 501(c)(3)
Describe what was achieved in carrying out the organiz	ation's exempt purposes. Ir	a clear and conc	ise manner.	and	(4) organizations 4947(a)(1) trusts,
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others)
28 Educational scholarships					
	udes foreign grants, check			28a	6,000

(Grants \$) If this amount incl				29a	5950
30					
(Grants \$) If this amount incl		here	▶ □	30a	
31 Other program services (attach schedule)					
	udes foreign grants, check			31a	
32 Total program service expenses (add lines 28a th			<u> </u>	32	9019
Part IV List of Officers, Directors, Trustees, and Key					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit	plans &	
	devoted to position	enter -0)	deferred compe	nsation	other allowances
Kathy Northr@p	President	٥			
930 Olympic Ave Edmonds, ₩A 98020		<u> </u>			
Betty Scrapper	Vice President	o			
10331 40th Ave SE Everett, WA 98208					
· · · · · · · · · · · · · · · · · · ·					
					
					,
	ì	I	l .		l

Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			,
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	~ ~	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0	37ь	,	1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		4
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			4
	Gross receipts, included on line 9, for public use of club facilities]		í
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			1
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			, ,
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ Cathy Klaus Located at ▶ 4426 195th Ave SE Snohomish, ₩A ZIP + 4 ZIP + 4	982 982	8-32 90	22
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			and the same of
	and Financial Accounts.			ا ا
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>.</u>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		·	▶ ∐
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1 es	140
45	Form 990-EZ	45		∀
	"Yes," Form 990 must be completed instead of Form 990-EZ	1 45		

1	Page	4

Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a		l) organiza	tions mu	st answer questi	ons 4	5–49	
46	Did th	ne organization engage in direct or indirect p	political campaign activ	ities on bel	nalf of or in	n opposition to		Yes	No
		dates for public office? If "Yes," complete S					46		1
47	Did th	ne organization engage in lobbying activities	? If "Yes," complete Se	chedule C,	Part II .		47		1
		organization operating a school as describe			-	ete Schedule E .	48		4
		ne organization make any transfers to an exe	•	_			49a		1
		es," was the related organization(s) a section	-				49b		
		plete this table for the five highest compensative received more than \$100,000 of compensations.		on. If there				Expens	
	(a) N	lame and address of each employee paid more than \$100,000	hours per week devoted to position	(0) 001	препзавоп	employee benefit plans & deferred compensation	acc	ount an allowan	nd
None	e								-
				+					
					•				
Total	numb	per of other employees paid over \$100,000						 -	
51	Comp	olete this table for the five highest compensation from the organization. If there is no	ated independent contr	actors who	each rece	eived more than \$1	00,000	of	
		(a) Name and address of each independent contractor p	paid more than \$100,000		(b) Ty	pe of service	(c) Con	pensat	bon
Non	e 								
									
									
					·				
Total	numk	per of other independent contractors each re	eceiving over \$100,000	▶					
Sign Here		Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete. Declarate Signature of officer	ned this return, including accion of preparer (other than o	ompanying sc ficer) is basec		_ —	pest of mor has an		rledge rledge
		Kathy Northrop, Presiden							
Paid		Preparer's signature	Dat	e	Check if self-	Preparer's Identifying	Number (iee instri	uctions)
Prepa		Firm's name (or yours	<u> </u>			in Þ			
Use C	וחי	if self-employed), address, and ZIP + 4				Phone no ▶ ()			
May	the IR	S discuss this return with the preparer show	vn above? See instruct	ions			☐ Y	es 🗆	No
						T ·	UIIII 22		(2000)

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ns. Inspection
Employer identification number

Sor	opti	mist Internal	tional of Everet	}					91		214350	8(
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) (se	e instru	ctions)	
The	orga	inization is n	ot a private four	idation because it is:	(Please o	check onl	y one or	ganizatio	n.)				
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	nbed in s	section 1	70(b)(1)(/	A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or	r a cooperative I	nospital service organ	iization d	lescribed	ın sectio	on 170(b)	(1)(A)(iii).	(Attach S	Schedu	ıle H.)	
4			esearch organiza ime, city, and st	ation operated in conj			spital de	scribed i	n section	170(b)(1)(A)(iii)). Ente	er the
5		-	tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle	ge or uni	iversity ov	wned or e	operated	by a gove	emmenta	l unit c	lescni	bed in
6		A federal, st	ate, or local gov	emment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v)).			
7		_		v receives a substanti: (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental uni	t or from	the ge	neral	public
8				in section 170(b)(1)		Complete	Part II.)						
9	\mathbf{Z}		-	receives. (1) more th				m contrib	utions, m	embersh	ıp fees	, aŋd	gross
		receipts from	n activities relate	ed to its exempt func	tions—su	ibject to o	certain e	xceptions	s, and (2)	no more	than 3	3/3 %	of its
				ent income and unre						511 tax) from	busin	esses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete l	Part III.)				
10		An organizat	tion organized ai	nd operated exclusive	ely to tes	t for publ	ic safety.	. See sec	tion 509	(a)(4). (se	e instr	uction	s)
11				and operated exclusiv									
				blicly supported orgai at describes the type									ection
		a Type				e III–Fun					Type		ther
e		- 1					-	_			• •		
Ī	_						ontrolled directly or indirectly by one or more disqualified more publicly supported organizations described in section						
			section 509(a)(2)				,		- · J				
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	I Type II	or Type	ill su	nnorti	na
Ĭ		-	, check this box						, тур с п,			pp0, ()	9 L
g		_		the organization acce	epted anv	vaift or c	ontributio	on from a	nv of the			•	_
3		following per			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 5			,				
		٠.		r indirectly controls, e	ether alo	ne or too	ether wi	th persor	s descnt	ed in (iı)		Yes	No
			-	ning body of the sup		_					11g(ı)		
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
				of a person described							11g(iii)	
h		Provide the	following inform	ation about the organ	izations :	the organ	zation s	upports.					
(i)		of supported	(II) EIN	(iii) Type of organization		organization		ou notify		s the		Amoun	
	org	anızation		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizati	ion in col zed in the	5	support	
				(see instructions))				port?	บร				
					Yes	No	Yes	No	Yes	No			
					! :			ł					
					<u> </u>	 		 					
					1								
		·				ļ			 				
			<u> </u>										
						 		 	<u> </u>				

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3		 				
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning ın) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include galn or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>	L	<u> </u>		
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	ге	<u> </u>				
				1 solves = (0)			
14	Public support percentage for 2008 (line		-			14	<u>%</u> %
15	Public support percentage from 2007 Scl					15	
16a	331/4 % support test—2008. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ [
b	33% % support test—2007. If the organization qua						_
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstate organization did private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here cly supported o	Explain in Parl	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	d the box of	i line 3 or i a	11.1.)	·		
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	mondar your (or moon your organisms my p	(0) 2004	(2) 2000	(0) 2000	(2, 200)	(6) 2000	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	8542	19966	10111	13710	14676	67005
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24344	25783	28039	9444	24561	112171
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the	o	0	o	0	0	0
6	organization without charge	32886	45749	38150	23154	39237	179176
_							
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000	o	o l	o	o	o	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						179176
Sec	tion B. Total Support						
Ca	ılendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	32886	45749	38150	23154	39237	179176
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	865	0	o	0	0	865
	sources	803					603
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	865	0	0	0	0	865
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or						
12	loss from the sale of capital assets (Explain in Part IV)	1383	0	0	0	0	1383
13	Total support. (Add lines 9, 10c, 11, and 12.)					·	181424
14	First five years. If the Form 990 is for toganization, check this box and stop I		n's first, secor		, or fifth tax y	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Sup	pport Percer	ntage				
15	Public support percentage for 2008 (lin	e 8, column (f)	divided by lin	e 13, column ((f))	15	99 %
16	Public support percentage from 2007 S			<u>'g</u>	<u> </u>	16	100 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 2008			=	olumn (f)) .	17	1 %
18	Investment income percentage from 20					18	0 %
19a	33% % support tests - 2008. If the orga						
b	331/2 % support tests - 2007. If the organ line 18 is not more than 331/2 %, check this	ization did not soo	check a box on here. The organ	line 14 or line hization qualifie	19a, and line 19 s as a publicly :	6 is more than 3 supported organ	33⅓%, and nization ► □
20_	orani araba ar						

ichedule A (F	orm 990, or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	Part II, line 10; instructions)
·		
_		_
	,	
	,	