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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 copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2008****Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**SOROPTIMIST INTERNATIONAL OF AMARILLO, TX**

Number and street (or P.O. box, if mail is not delivered to street address)

**P.O. BOX 9201**

Room/suite

City or town, state or country, and ZIP + 4

**AMARILLO****TX 79105****D** Employer identification number**75-1571272****E** Telephone number**806-371-7661****F** Group Exemption Number ☒

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

**G** Accounting method ☒ Cash ☐ Accrual

Other (specify) ☒

**I** Website: ☒ **N/A****J** Organization type (check only one) ☒ 501(c) ( **3** ) ◆ (insert no ) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **32,503****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>7,234</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<b>9,292</b>
	4	Investment income	4	<b>27</b>
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch )	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<b>15,950</b>
	b	Less direct expenses other than fundraising expenses	6b	<b>7,604</b>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>8,346</b>	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe <b>RECEIVED</b> )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>24,899</b>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<b>7,265</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <b>SEE STATEMENT 2</b> )	16	<b>10,935</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>18,200</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>6,699</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>6,660</b>
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>13,359</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>6,660</b>	<b>13,359</b>
23 Land and buildings		
24 Other assets (describe <b>OCODEN, UT</b> )		
25 <b>Total assets</b>	<b>6,660</b>	<b>13,359</b>
26 <b>Total liabilities</b> (describe <b>SEE STATEMENT 2</b> )	<b>0</b>	<b>0</b>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>6,660</b>	<b>13,359</b>

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

Form **990-EZ** (2008)

What is the organization's primary exempt purpose?

**MAKING A DIFFERENCE FOR WOMEN.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

28 DOWNTOWN WOMEN'S CENTER - PROVIDES HELP TO HOMELESS WOMEN  
WITH ADDICTIONS IN THE FORM OF SHELTER, REHAB PROGRAMS &  
TRANSITIONAL HOUSING.

(Grants \$ **1,392**) If this amount includes foreign grants, check here

28a

**1,392**

29 LOCAL WOMEN, USUALLY WITH CHILDREN & LIMITED RESOURCES,  
RETURNING TO SCHOOL TO GAIN EDUCATION & SKILLS NECESSARY  
TO SUPPORT THEMSELVES AND THEIR FAMILIES.

(Grants \$ **1,628**) If this amount includes foreign grants, check here

**29a**

**1,628**

30 SOROPTIMIST INTERNATIONAL OF THE AMERICAS - PROVIDES BASIC LITERACY, JOB SKILLS AND OTHER AID TO WOMEN TO IMPROVE THEIR STATUS IN LIFE ON A NATIONAL & INTERNATIONAL LEVEL.

(Grants \$ **3,505**) If this amount includes foreign grants, check here

**30a**

**3,505**

**31** Other program services (attach schedule) **SEE STATEMENT 3**

(Grants \$ **740**) If this amount includes foreign grants, check here

**31a**

740

**32 Total program service expenses** (add lines 28a through 31a)

32

**7,265**

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Form 990-EZ (2008)

**SOROPTIMIST INTERNATIONAL OF****75-1571272**Page **3****Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> 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		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr <b>37a</b> <u>0</u>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 491 <b>40a</b> _____, section 491 <b>40a</b> _____, section 495 <b>40a</b> _____		
<b>b</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		<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b> _____		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <b>40d</b> _____		
<b>e</b> 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 <b>40e</b> _____		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>41</b> <u>NONE</u>		
<b>42a</b> The books are in care of <b>42a</b> <u>KATHY BALDWIN</u> Telephone no <b>42a</b> <u>806-371-7661</u> <u>7015 HURST</u> Located at <b>42a</b> <u>AMARILLO, TX</u> ZIP + 4 <b>42a</b> <u>79109</u>		
<b>b</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)?		<b>X</b>
If "Yes," enter the name of the foreign country <b>42b</b> _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?		<b>X</b>
If "Yes," enter the name of the foreign country <b>42c</b> _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> <input type="checkbox"/>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>

Form **990-EZ** (2008)

Form 990-EZ (2008)

**SOROPTIMIST INTERNATIONAL OF****75-1571272**Page **4****Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

<b>46</b>	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	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 <b>▶</b>				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 <b>▶</b>		

**Sign Here**

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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature **▶** \_\_\_\_\_ Date **1/12/10** Check if self-employed ☐ Preparer's Identifying Number (See instructions) **P00172631**

Firm's name (or yours if self-employed), address, and ZIP + 4 **▶** **JOHNSON & SHELDON, P.C.**  
**PO BOX 509**  
**AMARILLO, TX 79105-0509**

EIN **◆ 75-2569269**  
 Phone no **◆ 806-371-7661**

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

**▶** **Yes** **No**Form **990-EZ** (2008)

DAA

Schedule A (Form 990 or 990-EZ) 2008

**SOROPTIMIST INTERNATIONAL OF****75-1571272**Page **2****Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>		

Schedule A (Form 990 or 990-EZ) 2008

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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")	26,019	19,409	27,686	15,274	16,526	104,914
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	18,966	10,113	12,391	8,649	15,950	66,069
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	44,985	29,522	40,077	23,923	32,476	170,983
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	12,394	8,129	12,050	13,766	13,037	59,376
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	13,966	5,113	7,391	3,649	10,950	41,069
c Add lines 7a and 7b	26,360	13,242	19,441	17,415	23,987	100,445
8 Public support (Subtract line 7c from line 6 )	18,625	16,280	20,636	6,508	8,489	70,538

**Section B. Total Support**

Calendar year (or fiscal year beginning in) (a) 2004		(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9	Amounts from line 6	44,985	29,522	40,077	23,923	32,476	170,983
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21	53	53	35	27	189
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	21	53	53	35	27	189
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 or loss from the sale of capital assets (Explain in Part IV )						
13	Total support. (Add lines 9, 10c, 11, and 12 )	45,006	29,575	40,130	23,958	32,503	171,172
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	41.2088 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	43.1645 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.1104 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.1086 %

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

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



**Part IV**

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<b>PECAN SALES</b> (event type)	<b>OTHER</b> (event type)	<b>NONE</b> (total number)	
Revenue	1 Gross receipts	10,812	5,138		15,950
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	10,812	5,138		15,950
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	7,565	39		7,604
	8 Direct expense summary Add lines 4 through 7 in column (d)				7,604
	9 Net income summary Combine lines 3 and 8 in column (d)				8,346

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		X
10a		X
11		X
12		X

TX 79109

15a		X
-----	--	---

and the

17a	X
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Schedule G (Form 990 or 990-EZ) 2008

75-1571272

# **Federal Statements**

FYE: 6/30/2009

## **Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBER ASSESSMENTS	\$ 9,292
TOTAL	\$ 9,292

## **Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
MEMBER MEALS	7,279
SPEAKER'S & GUEST'S MEALS	198
REGION CONFERENCE	1,759
DISTIRICT MEETING	804
CREDIT CARD & BANK CHARGE	143
MEMBER GIFTS & MEMORIALS	285
INSTALLATION EXPENSES	60
EDUCATION LUNCHES	97
POST OFFICE BOX & POSTAGE	87
NEW MEMBER PINS & NAMETAG	149
CHRISTMAS PROGRAM	50
OFFICE SUPPLIES	24
TOTAL	\$ 10,935

## **Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

Description
OTHER LOCAL ORGANIZATIONS THAT PROVIDE HELP TO WOMEN & GIRLS.

**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

Donor Name	2008	2007	2006	2005	2004
DUES	\$ 3,745	\$ 4,150	\$ 3,615	\$ 1,750	\$ 2,925
MEMBER ASSESSMENTS	9,292	9,616	8,435	6,379	9,469
TOTAL	\$ 13,037	\$ 13,766	\$ 12,050	\$ 8,129	\$ 12,394

75-1571272

# **Federal Statements**

FYE: 6/30/2009

## **Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
FUNDRAISING	\$	\$
2008	15,950	10,950
2007	8,649	3,649
2006	12,391	7,391
2005	10,113	5,113
2004	18,966	13,966
TOTAL	\$ 66,069	\$ 41,069