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## 1006 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 \$5,00,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Form **990-EZ** Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	e 2009 calendar year, or tax year beginning JUL 1, 2009	لبحيد	and en	ding JUI	1 30	, :	2010
В	Check if applicabl	O Name of organization						dentification number
Г	Addres	s use IRS			ļ			
F	Name Change	CODODETMICE INTERNATIONAL OF FOND	DU	LAC		39	-6	126171
	Initial return	Number and street (or P.O. hox, if mail is not delivered to street address)			Room/suite			number
F	Termi	n- Specific PO BOX 204				92	0 – 3	251-0240
F	lated Amen	ded trons City or town, state or country, and ZIP + 4				F Grou		
H	return Applica pendini							► 3899
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a comp	leted	G Account			X Cash Accrual
	- 000	Schedule A (Form 990 or 990-EZ).	a comp	10100	Other (s			
_	Waheit	e: N/A						the organization is <b>not</b>
		empt status (check only one) — X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(	1) or	52				Iule B_(Form 990, 990-EZ, or 990-PF)
	Check							
N	OHECK P	Form 990 return is not required, but if the organization chooses to file a return			_		uπψε	.0,000. AT 0111 330 LZ 01
	Add line	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 95			•	· · ·	\$	50330.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces	(See the instru	ctions f		
<u> </u>	1	Contributions, gifts, grants, and similar amounts received			(000 1110 111011 0	1	1	1,
	2	Program service revenue including government fees and contracts				-	2	7135.
	3	Membership dues and assessments					3	12260.
	1 -	·				-	4	
	4	Investment income	5a			-	-	
	5a	Gross amount from sale of assets other than inventory	5b					
	b	Less, cost or other basis and sales expenses  Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	30				5.	
•	C	Special events and activities (complete applicable parts of Schedule G). If any amount is	o from	aamina	ohaak hara	mh	5c	
nge	6		L					
Revenue	a			l	308	77		
æ	1	reported on line 1)	6a		1042			
		Less: direct expenses other than fundraising expenses	6b	l	104	20.	C-	20457.
	C C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		1		-	6c	20437.
	7a	Gross sales of inventory, less returns and allowances	7a		· · · · ·			
	b	Less, cost of goods sold	7b				7c	
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						58.
	8	Other revenue (describe > INTEREST	~'⊦	8	39910.			
_	9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	33310.
	10	Grants and similar amounts paid (attach schedule)				-	10	
	11	Benefits paid to or for members				-	11	
suses	12	Salaries, other compensation, and employee benefits	-	12				
ens	13	Professional fees and other payments to independent contractors				-	13	650.
Expe	14	Occupancy, rent, utilities, and maintenance				-	14	112.
	(C)	Printing, publications, postage, and shipping	ינוכו	CM V M	emento 1	}	15	38328.
	18		· E E	STAT	EMENT 1	┶╵┝	16	39090.
	逐	Total expenses. Add lines 10 through 16					17	820.
s	斯	Excess or (deficit) for the year (Subtract line 17 from line 9)				-	18	020.
set	197	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)						11600
Net Assets	Z					-	19	11602.
Net	20=	Other changes in net assets or fund balances (attach explanation)				.	20	10400
_	24-0	Net assets or fund balances at end of year. Combine lines 18 through 20		F 000	\	200	21_	12422.
L	art.#		ore, file				<u> </u>	(D) F=d=f=
	1	IF Constructions, for Partily		( <i>P</i>	N) Beginning of		+	(B) End of year
2	_	sh, savings, and investments			<u> </u>	602.	1	
2		nd and buildings		.		-	23	<del>                                     </del>
2		ner assets (describe >		)	4.4	C 0 0	24	
2		tal assets		,		602.	+	
2		tal liabilities (describe		)	11	0.	26	
2		t assets or fund balances (line 27 of column (B) must agree with line 21)			TT	602.	27	<del></del>
00	2171	LHA For Privacy Act and Panerwork Reduction Act Notice, see the senarate inst	ruction	S		- 1	7	Form <b>990-EZ</b> (2009)

Forr	n 990-EZ (2009) SOROPTIMIST INTERNATIONAL	OF FOND DU LA	.C	39-	61261	71 Page 2
Pa	art III Statement of Program Service Accomplishmen	nts (See the instructions for i	Part III.)		Ex	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	4			1 ' '	section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		e manner, describ	e e	1	organizations and (a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan			_	for others)	(a)( i) ii usis, optional
	EDUCATIONAL AWARDS TO TWO HIGH SCHOOL GIRLS AND 3 CO					
20						
		<del></del>				
	(Grants \$ ) If this amount includes foreign	grante check here		$\overline{\Box}$	28a	5253.
00	<del></del>	ONE HUNDRED 8TH GRADE	GIRLS		200	
29	ATTEND A DAY LONG WORKSHOP FOCUSING ON ENTREPENEURS.					
	ATTEMO A DAT BONG WORKDOOT TOCODERS ON ENTREPENDENCE					
	Nith and defende				000	2335.
	(Grants \$ ) If this amount includes foreign	grants, cneck nere			29a	2333.
30	SEE STATEMENT 3					
		<del></del>		_		0000
	(Grants \$ ) If this amount includes foreign	grants, check here		<u> </u>	30a	8003.
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign	grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)				32	15591.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (	See the	instructions fo	Part IV)
		(h) Talle and supreme hours	(a) Componentian	1, ,	ontributions	(a) Evpopos
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee	(e) Expense account and
	(a) Name and addices	position	-0)		efit plans & leferred	other allowances
		position.	1	1	pensation	
ТŦ	ERRI JACOBSON, 836 MAIN STREET,	PRESIDENT				
	ROWNSVILLE, WI 53006	8.00	0.		0.	0.
	ATHERINE HALFMAN, W7105 FOREST AVE,	VICE PRESIDEN		-		
	OND DU LAC, WI 54937	2.00	[ o.		0.	0.
	HEILA ZINGLER GILBERT, N11526	PAST PRESIDEN	<del></del>			
	ENTERLINE ROAD, BROWNSVILLE, WI	1.00	o.		0.	0.
		SECRETARY				
	JSAN FRANKEL, 291 OLD PIONEER RD,	<b></b>   <sup>1</sup>	_		0.	0.
	OND DU LAC, WI 54935	1.00	0.	┼		0.
	DBYN KING, 767 GLENWOOD DRIVE, FOND	TREASURER	_		0	
DI	J LAC, WI 54935	5.00	0.	<u> </u>	0.	0.
	AROL KREIF, N 3537 TIMBERLANE	DIRECTOR		İ	•	
_	RIVE, CAMPBELLSPORT, WI 53010	1.00	0.	ļ	0.	0.
	AN YOUWER, 520 WILLSHER DRIVE, FOND	SECRETARY		1	_	
DI	J LAC, WI 54935	2.00	0.	ļ	0.	0.
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<del>7.</del>	2574					000 F7 (000)

Form 990-EZ (2009) SOROPTIMIST INTERNATIONAL OF FOND DU LAC

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

39-6126171

Page 3

99			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		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36	<u> </u>	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	<u> </u>	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9  N/A	4		
b	Gross receipts, included on line 9, for public use of club facilities  N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			l
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		ļ	
	transaction? If "Yes," complete Form 8886-T	40e		_ X
41	List the states with which a copy of this return is filed.   NONE  NONE	. 1 0	0.40	
42 a	The organization's books are in care of ► ROBYN R KING  Telephone no. ► 920-25			
	· · · · · · · · · · · · · · · · · · ·	493	<u> </u>	
				NI.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Van	No
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	Х
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b	Yes	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		Yes	X
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42b 42c	Yes	
C	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:		Yes	X
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42c		X
С	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:			X
С	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42c	•	x
c 43	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42c		x
c 43	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42c	•	X
c 43 44	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	42c	•	x
c 43	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42c	•	X X

1.2		
Form	996-F7	rondar

SOROPTIMIST INTERNATIONAL OF FOND DU LAC

39-6126171 Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

•	organizations and section 4947(a)(1) nonexempt charitable and 51.	trusts must answer question	ns 46-49b and com	plete the tables	for lin	es 50	
<b>46</b> Did tl	he organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public			Yes	No
	e? If "Yes," complete Schedule C, Part I				46		X
<b>47</b> Did ti	he organization engage in lobbying activities? If "Yes," complete Sci	hedule C, Part II			47		X_
<b>48</b> Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	es," complete Schedule E		<u> </u>	48		X_
49a Did tl	he organization make any transfers to an exempt non-charitable related	organization?		_	49a		X_
<b>b</b> If "Ye	s," was the related organization a section 527 organization?				49b		
	plete this table for the organization's five highest compensated employe \$100,000 of compensation from the organization. If there is none, enter	-	s, trustees and key en	nployees) who ead	h recei	ved m	ore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	s (c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e	Expe count r allow	and
	plete this table for the organization's five highest compensated indepen nization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		(b) Type of se	<del>-</del>	ion from		
<b>d</b> Tota	I number of other independent contractors each receiving over \$100,00	00	<b>&gt;</b>				
Sign Here	Under penetities of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of Dispacer (other than officer) is based on all signature of officer.  Signature of officer.	information of which preparer has any	nts, and to the best of my k knowledge	nowledge and belief,	it is true	). O	
Paid	Type or print name and title  Preparer's signature	Date C		parer's identifying nu	ımber (S	ee instr	)
Preparer's	S	e	mployed				
Use Only	Firm's name (or yours if self-employed),			ne 🕨			
	address, and ZIP + 4		no.		<del></del>		
May the IF	RS discuss this return with the preparer shown above? See instructions	3	<del> </del>		X Ye		No (2009)

## FILING RELIEF VCP

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

Open

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SOROPTIMIST INTERNATIONAL OF FOND DU LAC

Employer identification number

Part I	Reason f		ty Status (All organization					uctions		-0120.	L / L	—
			pecause it is (For lines 1									_
1	•	-	, or association of church									
2	· ·		0(b)(1)(A)(ii). (Attach Sch		500 III 3C	000011110(	<b>Θ</b> )( 1)(~)(1).					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 =	•	•	perated in conjunction v					b)(1)(A)(iii)	. Enter th	e hospital's	s name,	
<b>-</b>	city, and state		,					- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		•	·	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
J	-	(b)(1)(A)(iv). (Comple				,	. J					
6	<u>,                                      </u>		ent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).					
7 =	<u> </u>	. •	eives a substantial part o					from the g	eneral pu	blic describ	oed in	
	_	b)(1)(A)(vi). (Comple				,		_	•			
8			ection 170(b)(1)(A)(vi). (	Complete	Part II)							
9 X			eives (1) more than 33 1			m contrib	utions, me	mbership	fees, and	gross rece	pts from	1
			nctions - subject to certai									
			axable income (less secti									
		509(a)(2). (Complete										
10 🗔	An organizati	on organized and op	perated exclusively to tes	t for public	safety S	ee sectio	n 509(a)(4	.).				
11 🗔	An organizati	on organized and op	perated exclusively for the	e benefit o	f, to perfor	m the fun	ctions of, o	or to carry	out the pu	urposes of	one or	
	more publicly	supported organiza	itions described in sectio	n 509(a)(1)	or section	n 509(a)(2)	See sec	tion 509(a	i)(3). Che	ck the box	that	
	describes the	type of supporting	organization and comple	te lines 11	e through	11h						
	a 🔲 Type I		— <i>7</i> 1		e III - Func					Type III - C		
е 🗀			t the organization is not									
			han one or more publicly						a)(1) or se	ction 509(a	1)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	t it is a Typ	e I, Type I	ll, or Type	Ш				
		rganization, check th									Į	
g			organization accepted an									
	• • •		irectly controls, either al	one or toge	ether with	persons d	escribed in	ı (ıı) and (ııı	) below,	Γ	Yes 1	No_
			upported organization?							11g(i)		
			n described in (i) above?							11g(ii)	_	
	` '	•	person described in (i) o							11g(iii)	ļ	
h	Provide the f	ollowing information	about the supported org	ganızatıon(	s)							
		T	(iii) Type of	I				(vi) lo	the	<del></del>		
	ne of supported	rted (ii) EIN (iii) Type of (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i)				(vi) Is organizatio	n in col.		ount of			
0	rganization	ion (described on lines 1-9			governing document? (i) of your support?				ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes No		Yes	No			
		-	(See manuchons))	165	140	163	140	163	140			
				<del> </del> -				-				
		<del> </del>		<del>                                     </del>	-							
									1			
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						<del>                                     </del>						
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Total												
Total	r Privacy Act as	nd Panerwork Redu	uction Act Notice, see the	he Instruc	tions for	J	l	Schedul	e A (Form	1 990 or 99	0-E71 2	009
	n inivacy Actai	ita i aboi moin ileat							(* • - 11		,	

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 Page 2 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 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 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 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 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 gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990 EZ) 2009 SOROPTIMIST INTERNATIONAL OF FOND DU LAC 39-6126171 Page 3 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 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007(d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 9877 12710. 9251. 12260. 54065. 9967. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 30327. 42701. 34291. 30305. 38012. 175636. organization's tax-exempt purpose 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 40294. 52578. 47001. 39556. 50272. 229701. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 229701 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 (a) 2005 **(b)** 2006 (e) 2009 Calendar year (or fiscal year beginning in) (d) 2008 (f) Total 47001. 39556. 50272. 229701. 40294. 52578. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 60. 431. 494. 84. 58 1127. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 494. 84. 58. 1127. 60. 431. 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 or loss from the sale of capital assets (Explain in Part IV) 40354. 53009. 47495. 39640. 50330. 230828. Total support (Add lines 9, 10c, 11, and 12) 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 99.51 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage .49 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ightharpoons Xmore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009 FILING RELIEF YCP

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** 

39-6126171 SOROPTIMIST INTERNATIONAL OF FOND DU LAC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes \_ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid to (or retained by) (i) Name of individual (iv) Gross receipts fundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2009

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Schedule G (Form 990 or 990-EZ) 2009 SOROPTIMIST INTERNATIONAL OF FOND DU LAC3 9 - 6126171 Page 2

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 th	an \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total	ovente	
				SALE OF LANDMARK ORN	NONE	(add col (a	a) throu	
0			(event type)	(event type)	(total number)	col	(C))	
Revenue	1	Gross receipts	13731.	17146.			3087	'7 <b>.</b>
	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	13731.	17146.			3087	7.
	4	Cash prizes						
Ses	5	Noncash prizes						
xbeus	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	7387.	3033.			1042	
-	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		•		1042	
1	11	Net income summary Combine line 3, colum	n (d), and line 10				2045	<u> 7</u>
ar	t I		answered "Yes" to Form	990, Part IV, line 19, or re	ported more than			
	_	\$15,000 on Form 990-EZ, line 6a		T 5		1		
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total ga		
Ř	1	Gross revenue						
ses	2	Cash prizes						
Expen	3	Noncash prizes	_		<del></del>			
Ulrect Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes% No	Yes % No		<del></del>	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		<b>&gt;</b>			
	8_	Net gaming income summary. Combine line	1, column (d), and line 7					
9	Fn	iter the state(s) in which the organization opera	ates gaming activities.				Yes	No
		the organization licensed to operate gaming a		states?		_9a		
b	lf "	'No," explain						
0-		ove any of the organization's gaming licenses r	avakad suspended or te	rminated during the tay ve	aar?	100		
		ere any of the organization's gaming licenses r "Yes," explain	evokeu, suspended of le	minated during the tax ye	J	10a		
	_							
		bes the organization operate gaming activities				11		
2		the organization a grantor, beneficiary or truste	ee of a trust or a member	or a partnership or other	entity formed to	10		

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or 990-EZ) 2009 SOROPTIMIST INTERNATIONAL OF FOND DU LACS 9-6126171

SCH	edule G (Form 990 of 990-EZ) 2009 BOROFITMIBI INTERMATIONAL OF FORD BO BACCY 012	<u>017</u>		ige 3
			Yes	No
•	Indicate the percentage of gaming activity operated in.			
	The organization's facility  An outside facility  13a %  6 %			
	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records			
14	Effet the flame and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?	17a		
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
-	organization's own exempt activities during the tax year > \$			1

## FILING RELIEF VCP

### SOROPTIMIST INTERNATIONAL OF FOND DU LAC

39-6126171

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
PROGRAM EXPENSES		10338.
DUES AND FEES		7301.
MEETING EXPENSES		10546.
FEDERATION AND INTERNAT	IONAL CONTRIBUTIONS	700.
EDUCATIONAL AWARDS		5253.
MISC EXP		3376.
CARDS, FLOWERS, AND MEM	ORIALS	143.
FOUNDATION FEMINARIUM C		671.
Total to Form 990-EZ, 1	ine 16	38328.

# EILING RELIEF VCP SOROPTIMIST INTERNATIONAL OF FOND DU LAC

39-6126171

FO	RM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		Statem	ent 2
A)	directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[	] Yes	[X] No
B)	Did the or directly o	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract?	. [	] Yes	(X ] No

### SOROPTIMIST INTERNATIONAL OF FOND DU LAC

<u>39-6126171</u>

990-EZ Pg 2

Statement 3

FUNDING AREA DOMESTIC VIOLENCE AND HOMELESS SHELTERS, SEXUAL ASSAULT CENTERS, SALVATION ARMY, FAMILY RESOURCE CENTER AND VARIOUS COMMUNITY PROJECTS TO HELP WOMEN AND THEIR FAMILIES. OVER 100 WOMEN AND CHILDREN SERVED.

SOROPTIMIST INTERNATIONAL OF FOND DU LAC

39-6126171

990-EZ Pg 2

Statement 4

TO IMPROVE THE LIVES OF WOMEN AND GIRLS IN OUR COMMUNITIES AND THROUGHOUT THE WORLD