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8037

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public Inspection

Form 990 (2009)

<u> </u>	For the 200	9 calendar ye	ar, or tax year beginning $07/01/09$, and ending $06/30/1$.0		
В (Check if applica		C Name of organization		D Employ	er identification number
	Address chang	use IRS label or	SOROPTIMIST INTL. OF TWAIN HARTE			
\Box	Name change	print or	Doing Business As		94-6	6174137
	•	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
블	inital return	See	PO BOX 497		209	<u>-586-5</u> 750
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	ss 83,780
	Amended retur		TWAIN HARTE CA 95383			
	Application per	nding F Nam	e and address of principal officer		H(a) Is this a	group return for
					affiliates	
					H(b) Are all as included	ffiliates Yes No
						attach a list. (see instructions)
<u> </u>	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
J	Website: ▶	WWW.S	SOROPTOMISTSPR.ORG		H(c) Group e	xemption number ▶ 3899
ĸ	Type of organi	zation X Co	poration Trust Association Other	Year of formation		VI State of legal domicile
P	art I	Summa	у			
	1 Brie	fly describe t	he organization's mission or most significant activities			
a	c	'TINUMMO	Y SERVICE, STUDENT SCHOLARSHIPS, AND SUPPORT OF	P		
Š	c	'TINUMMO	Y ORGANIZATIONS.			
rug						
Š	2 Che	ck this box	of the organization discontinued its operations or disposed of more than 25%	% of its net assets		
Activities & Governance	3 Num	nber of voting	members of the governing body (Part VI, line 1a)		3	9
So	1	_	endent voting members of the governing body (Part VI, line 1b)		4	9
‡	L		employees (Part V, line 2a)		5	0
cti	6 Tota	al number of	volunteers (estimate if necessary)		6	
``	I		ated business revenue from Part VIII, column (C), line 12		7a	
ļ	1	•	siness taxable income from Form 990-T, line 34		7b	0
`				Prior Year		Current Year
Revenue	8 Con	itributions and	d grants (Part VIII, line 1h)		5,984	7,273
	9 Prog	gram service	revenue (Part VIII, line 2g)			· · · · · · · · · · · · · · · · · · ·
6 5	10 Inve	stment incon	ne (Part VIII, column (A), lines 3, 4, and 7d)		651	98
*	11 Othe	er revenue (F	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,156	47,609
(2)	12 Tota	al revenue – a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,791	54,980
	13 Grai	ılımız bas ratın	ar amounts paid (Part IX, column (A), lines 1-3)	26	5,919	29,497
	14 Ben	efits paid to	r for members (Part IX, column (A), line 4)			
S	15 Sala	aries, other co	empensation, employee benefits (Part IX, column (A), lines 5–10)			
penses			fraising fees (Part IX, column (A), line 11e)			
xbe	b Tota	al fundraising	expenses (Part IX, column (D), line 25) PECEIVED, 754 (Part IX, column (A), lines 11a–11b, 17=24f)			
Ä	17 Oth	er expenses	(Part IX, column (A), lines 11a-11a-11f-24f)		7,711	26,270
	18 Tota	al expenses	Add lines 13–17 (must equal Part Scolumn (A), line 25)		4,630	55,767
		enue less ex	penses Subtract line 18 from line 12 NOV 1 5 2010		5,161	<u>-787</u>
Net Assets or Fund Balances			t X. line 16)	Beginning of Curr		End of Year
See	20 Tota	al assets (Par		66	5,608	65,821
et A	21 Tota	•	art X, line 26)		- 600	<u> </u>
			d balances. Subtract line 21 from line 20	16	5,608	65,821
<u> </u>	art II		re Block			
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	ind statements, and t mation of which prec	to the best of the control of the co	my knowledge knowledge
٠.				, ,	1 11	108/10
Sig	-		Thura Dumbles			00770
He	re	Signatu	heila Burmestir, Treasurer		Date	
	İ		<u>ner</u>			
		Type or	print name and title			Preparer's identifying number
Pa	id	Preparer's	Date	Check if self-	. —	(see instructions)
	eparer's	signature	una con	employe		554-56-8099
	e Only	Firm's name	(or yours	CCTY CORP	EIN ▶	94-2673387
US	Unity	ıf self-emplo	yed), 14570 MONO WAY SUITE G		Phone	
		address, an			no 🕨	<u> 209-532-5171</u>
May	the IRS d	iscuss this re	turn with the preparer shown above? (see instructions)			X Yes No

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

DAA

orm 990 (2009) SOROPTIMIST IN		94-6174137	Page 2
	Service Accomplishments		
1 Briefly describe the organization's mission COMMUNITY SERVICE, STUCOMMUNITY ORGANIZATION	JDENT SCHOLARSHIPS, AND	SUPPORT OF	
2 Did the organization undertake any significant the prior Form 990 or 990-EZ?	cant program services during the year which we	ere not listed on	Yes X No
If "Yes," describe these new services on S			
3 Did the organization cease conducting, or services? If "Yes," describe these changes on Scher	make significant changes in how it conducts, ar	ny program	Yes X No
4 Describe the exempt purpose achievement	nts for each of the organization's three largest pr		
	ons and section 4947(a)(1) trusts are required t ind revenue, if any, for each program service re		
anocations to others, the total expenses, a	ind revenue, if any, for each program service re		
4a (Code) (Expenses \$ MAKE CONTRIBUTIONS TO FINANCIAL SUPPORT.	22,498 including grants of \$ WORTHY ORGANIZATIONS I	17,297)(Revenue \$ N NEED OF)
4b (Code) (Expenses \$ SCHOLARSHIPS AND SPONS OTHER RESIDENTS.	12,200 including grants of \$SORSHIPS GRANTED TO LOC	12,200)(Revenue \$ AL YOUTH AND)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Sch	edule O)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	34,698		5 990 (2000)
			F 000 (0000)

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Int IV Checklist of Required Schedules				age v
<u> </u>	, Onecomist of Nequired Ochedules			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5	:	į
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				ĺ
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				į
	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		7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		_10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				Į
	VII, VIII, IX, or X as applicable		11	Χ	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				ĺ
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				ĺ
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				İ
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				l
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				l
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				l
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				<u> </u>
	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			ĺ
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		_13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				٠
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				٠.
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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			7,	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		_18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				v
	If "Yes," complete Schedule G, Part III		19		X

Part IV Checklist of Required Schedules (continued) Yes Νo 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? Χ If "Yes," complete Schedule L, Part III 27 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) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 36 organization? If "Yes," complete Schedule R, Part V, line 2 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, Х 37 Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Х

	Otatements Regarding Other INC 1 milgs and Tax Comphanice					г
12	Enter the number repeated in Box 2 of Form 1006. Annual Summers and Transmittel of				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	40				
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report			†		ł
٠	gaming (gambling) winnings to prize winners?	able		1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		<u> '</u>		
	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 this return (see					
	instructions)			l		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/				
	this return?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	onty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial				
	account)?			4a		X
b	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 Ban	k				
	and Financial Accounts			ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1,5		5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			<u>6a</u>		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		ĺ		
_	gifts were not tax deductible?			<u>6</u> b		
7	Organizations that may receive deductible contributions under section 170(c).					_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	18		7.		
_	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7 <u>b</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1,0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person			1		ł
•	benefit contract?	Jilai		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			_8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	900	(2009)
				⊢OI7		1700141

Form 990 (2009) SOROPTIMIST INTL. OF TWAIN HARTE 94-6174137

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.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Rev</u>	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u>X</u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		_X_
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ JAN MONCRIEF 21162 LONGEWAY			
Ç.		209-53	2-5	312

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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 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

X Check this box if the organization	did not compen	sate	any			fficer	<u>, dıre</u>			, -
(A) Name and Title	(B) Average	Pos	dion :		C) kalli	that ap	nnlv)	(D) Reportable	(E) Reportable	(F) Estimated
Name and ride	hours per week	or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GLORIA ESCALLIER	····									
DIRECTOR		X	<u> </u>		<u>L</u>	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0	0	0
SANDY ASQUITH	j			ł	1					
DIRECTOR		X			上			0	0	0
BARBARA KERR										
PRES ELECT		<u> </u>	<u> </u>	X	L		L_	0	0	0
JAN MONCRIEFF			ļ	Ì	İ					
TREASURER		<u> </u>	L	X	<u> </u>		L	0	0	0
JUDY CARLSON										
REC SECRETARY				X	<u> </u>		L	0	0	0
LINDA GERTHS			ļ							
ASSIST TREASURER		<u> </u>	<u> </u>	X	<u> </u>		<u> </u>	0	0	0
PATT KORAL										
PRESIDENT		_	<u> </u>	X	<u> </u>	ļ	<u> </u>	0	0	0
SANDRA MARTIN	ļ	1	}			ļ.,			_	
CORR SECRETARY	ļ	₩	<u> </u>	X	<u> </u>	-	<u> </u>	0	0	0
SHIRLEY VIERTH				١			ĺ		_	
VICE PRESIDENT	ļ	—	 	X	ļ	<u> </u>	<u> </u>	0	0	0
		_			L		_			· · · · · · · · · · · · · · · · · · ·
		_			_	ļ'				
		L	<u></u>		L					
							L			

<u>Part</u>	VII Section A. Officers	Directors, Trus	tees	, Ke	y En	plo	yees	, and	d Highest Compensated E	mployees (continued)			
	(A) Name and Title	(B) Average	Pos	(C)					(D) Reportable	(E) Reportable	Estu	F) mated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ot compe fror orgar and i	unt of ther ensation in the nization related izations	
						_						<u>-</u>	
<u> </u>													
											-		
					ļ 								
							ļ						
1b 1			<u></u>	L				•					·
	fotal number of individuals (inc	cluding but not lim	uted	to th	ose	lister	d abo	<u>-</u>	who received more than \$10	00.000 in			
	eportable compensation from	-						,,,					
	Old the organization list any fo								ee, or highest compensated			Yes	
4 F	employee on line 1a? If "Yes," For any individual listed on line he organization and related or	1a, is the sum of	f rep	ortab	le co	ompe	ensat	ion a	and other compensation from	m uch	3		X
5 {	ndividual Did any person listed on line 1a	a receive or accru	je co	mpe	nsat	ion f	rom	any i	unrelated organization for		5	ť	X
	services rendered to the organ on B. Independent Contracte		COIII	piete	Sui	eau	E J 1	JI 50	icii person				1 **
1 (Complete this table for your five compensation from the organization	e highest comper ation	nsate	ed inc	depe	nde	nt co	ntrac				(0)	
	Name and	(A) business address						-	Descrip	(B) tion of services		(C) Compens	ation
		.				-		<u> </u>	H-1747				
											_		
								<u> </u>					
	<u> </u>												
	Total number of independent o						l to th	ose	listed above) who received			0	
DAA .	b a.a p roopood in compet		<u> </u>								Fo		0 (2009)

<u> Pa</u>	<u>rt V</u>	III Staten	nent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
សិស	1a	Federated can	npaigns	1a				75,5		
Contributions, gifts, grants and other similar amounts	b	Membership d	-	1b		4,570				
<u>9</u> 6	_	Fundraising ev		1c		1,3,0				
ar its	4	Related organi		1d						
Sil.	8			1e						
Sir		Government grants	•	10						
in the	•	All other contribution and similar amounts		4.5		2,703				
들	_			1f	<u> </u>	2,703				
auc	9		ns included in lines 1a-1	11	\$		7,273			
<u></u>		Total. Add line	s ia-ii			January 0 . 4.	1,213			
Program Service Revenue	2-					Busn. Code	-			
ě	2a									
e e	p									
اچّ	C.						<u>-</u>			
S	d									
틴	6									
ğ	f		am service reven	nue		<u> </u>		<u> </u>		
-	9	Total. Add line								
	3		ome (including d	ividend	is, interesi	t, and	0.0		}	
		other similar a	•			▶	98	-		98
	4		vestment of tax-	exemp	t bond pro	ceeds		<u> </u>		
***	5	Royalties								
			(ı) Real		(u) P	ersonal				
	6a	Gross Rents								
	ь	Less rental exps			<u> </u>					
	¢	Rental inc or (loss)	L							
	d 7a	Net rental inco				<u> </u>				
		sales of assets	(i) Securities	· · · · · · · · · · · · · · · · · · ·	(11)	Other				
		other than inventory								
	þ	Less cost or other								
		basis & sales exps								
	C	Gain or (loss)			L					
	d	Net gain or (lo	•			<u> </u>				
e	8a	Gross income fro	om fundraising ever	nts						
nue		(not including \$								
èv	•		reported on line 1c)							
er F		See Part IV, line		а		40,268				
Other Revenue	ь	Less direct ex	•	b						
Ŭ	c		(loss) from fundr		events		40,268			40,268
	9a		om gaming activities	S						
	ĺ	See Part IV, line		а						
	1	Less direct ex	•	þ						
			(loss) from gamı	ng acti	vities	<u> </u>				
	10a	Gross sales of	finventory, less							
	ł	returns and all	owances	а		34,525				
	ь	Less cost of g	oods sold	þ		28,800				
	<u>C</u>		(loss) from sales		entory	<u> </u>	5,725			5,725
	<u> </u>	Misc	ellaneous Revenue	·		Busn. Code	-			
	11a	FINES/RAF	FLES				1,616	1,616		
	ь									
	c									
	d	All other reven	iue			L	<u> </u>		r	
	e	Total. Add line				>	1,616			
	12	Total Revenu	e. See instruction	ns		<u> </u>	54,980	1,616	0	46,091

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

_	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to governments and		- CAPENICO	gonorar expenses	CAPONICO								
	organizations in the U.S. See Part IV. line 21	17,997	17,997										
2	Grants and other assistance to individuals in		<u> </u>										
•	the U.S. See Part IV, line 22	11,500	11,500										
3	Grants and other assistance to governments,		<u> </u>										
•	organizations, and individuals outside the												
	U.S. See Part IV, lines 15 and 16]											
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
•	trustees, and key employees												
6	Compensation not included above, to disqualified												
•	persons (as defined under section 4958(f)(1)) and	}											
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages												
8	Pension plan contributions (include section 401(k)												
Ü	and section 403(b) employer contributions)												
9	Other employee benefits	 -	 +										
10	Payroll taxes												
11	Fees for services (non-employees)	 											
'i a	Management												
	_												
b	Legal												
C	Accounting												
a	Lobbying Professional fundracing actives. See Part IV. Inc. 47.												
e	Professional fundraising services See Part IV, line 17												
, r	Investment management fees												
g 40	Other												
12	Advertising and promotion	1.54	1.54										
13	Office expenses	164	164										
14	Information technology												
15	Royalties												
16	Occupancy	7.4.6			7.4.5								
17	Travel	146			146								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials	2 600											
19	Conferences, conventions, and meetings	2,699	1,289	1,410									
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	564	564										
23	Insurance												
24	Other expenses Itemize expenses not												
	covered above (Expenses grouped together												
	and labeled miscellaneous may not exceed												
	5% of total expenses shown on line 25 below)												
а	Supplies	7,023			7,023								
b	Supplies	4,320			4,320								
С	DUES & SUBSCRIPTIIONS	3,679		3,679									
d	SUPPLIES	2,819	1,903	916									
e	OUTSIDE SERVICES	1,281	1,281										
f	All other expenses	3,575		310	3,265								
25	Total functional expenses. Add lines 1 through 24f	55,767	34,698	6,315	14,754								
26	SOP 98-2 Complete this line only if the												
	organization reported in column (B) joint costs from a combined educational campaign and	 											
	fundraising solicitation												
DAA					Form 990 (2009)								

		Balance Sheet .		(A)		(B)
				Beginning of year		End of year
'	1	Cash—non-interest bearing	L	33,963	1	33,643
2	2	Savings and temporary cash investments	L	31,471	2	31,568
;	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
(5	Receivables from current and former officers, directors, tr	rustees, key			
		employees, and highest compensated employees Compl	lete Part II of			
		Schedule L	L		5	
- 1	6	Receivables from other disqualified persons (as defined u	ınder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete			
,,		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
، ۲	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment, cost or				
		other basis Complete Part VI of Schedule D	10a 1,690			
	b	Less accumulated depreciation	10b 1,080	1,174	10c	610
1.	1	Investments—publicly traded securities			11	
1;	2	Investments—other securities See Part IV, line 11			12	
1;	3	Investments—program-related See Part IV, line 11			13	
1.	4	Intangible assets			14	
1:	5	Other assets See Part IV, line 11			15	
10	6	Total assets. Add lines 1 through 15 (must equal line 34)	, ,	66,608	16	65,821
1		Accounts payable and accrued expenses			17	
11	8	Grants payable			18	
19	9	Deferred revenue			19	
20	0	Tax-exempt bond liabilities		20		
g 2	1	Escrow or custodial account liability Complete Part IV of	Schedule D		21	<u>. </u>
Liabilities	2	Payables to current and former officers, directors, trustee				
<u>=</u>		employees, highest compensated employees, and disqua	· ·			
<u>.</u>		persons Complete Part II of Schedule L			22	
_ 2	3	Secured mortgages and notes payable to unrelated third	parties		23	
2.	4	Unsecured notes and loans payable to unrelated third par		-	24	
2	5	Other liabilities Complete Part X of Schedule D	Γ		25	
2	6	Total liabilities. Add lines 17 through 25			26	
S		Organizations that follow SFAS 117, check here ▶ 🄀	and			
ဍ		complete lines 27 through 29, and lines 33 and 34.				
<u>R</u> 2	7	Unrestricted net assets		66,608	27	65,821
Balances	8	Temporanly restricted net assets			28	
면 2:	9	Permanently restricted net assets	Г	<u>- —</u>	29	
⋾		Organizations that do not follow SFAS 117, check her	re ▶ 🗍			
Net Assets or Fund		and complete lines 30 through 34.				
S 3	0	Capital stock or trust principal, or current funds			30	
ğ 3		Paid-in or capital surplus, or land, building, or equipment t	fund		31	
3		Retained earnings, endowment, accumulated income, or	I		32	
# 3		Total net assets or fund balances	Γ	66,608	33	65,821
2 3.		Total liabilities and net assets/fund balances		66,608	34	65,821

Form 990 (2009) SOROPTIMIST INTL. OF TWAIN HARTE 94-6174137		Pa	ge 12
Part XI : Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 \overline{X} Cash $\overline{\ }$ Accrual $\overline{\ }$ Other $\underline{\ }$		ĺ	
If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<u>L</u>	
If the organization changed either its oversight process or selection process during the tax year, explain in		•	
Schedule O			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
issued on a consolidated basis, separate basis, or both		}	
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b_		<u> </u>

SCHEDULE A (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. ► See separate instructions.

OMB No 1545-0047

ZUUY

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public Inspection

Employer identification number

				SOROPTIMIST	INTL. OF TWAIN	HARTE				94	-617	4137		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii), (Altach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5	P	art I	Reas	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) Se	ee ins	tructio	ns.		
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Parl II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Parl II) A community frust described in section 170(b)(1)(A)(iv). (Complete Parl II) A community frust described in section 170(b)(1)(A)(iv). (Complete Parl II) A community from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Parl III) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1). An organization organization and complete lines 11e through 11h a Type II b Type II c Type III—Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting organization, check this box G Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) A family member of a person descr	'nе	orgai	nization is not a	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box)			_				
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II i) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). Complete Part II i) A community frust described in section 170(b)(1)(A)(v)). Complete Part II i) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 510 and 1/3 % of its support from gross investment income and unrelated business taxable income (less section 510 and 1/3 % of its support from gross investment income and unrelated business taxable income (less section 510 and 1/3 % of its support from gross investment income and unrelated business taxable income (less section 510 and 1/3 % of its support from gross investment income and unrelated business taxable income (less section 510 and 1/3 % of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). Complete Part III) An organization organization after June 30, 1975. See section 509(a)(2). Complete Part III) An organization organization after June 30, 1975. See section 509(a)(2). Complete Part III) An organization organization organization after June 30, 1975. See section 509(a)(3), Or exception 509(a)(2) See	1		A church, con	ention of churches, or asso-	ciation of churches described in	section 1	70(b)(1)(/	A)(i).						
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III) A community trust described in section 170(b)(1)(A)(v). (Complete Part III) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h a Type I b Type II c Type III Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organization deganization described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type	2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) A norganization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11th a Type I b Type III c Type III—Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the I	3													
city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv)). (Complete Part III) A community frust described in section 170(b)(1)(A)(iv)). (Complete Part III) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business staxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	_	П							(A)(iii).	Enter th	e hospi	ital's name		
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A defart, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) William organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a manal organization in the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Interest the properties of organization organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Interest the present described i	·	لسب		•	conjunction man a mospital co				,,,,,,,,,		.ооор.	,		
section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) A norganization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	5													
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sche	dule A (Form 990 or 990-EZ) 2009 SOF	COPILMISI	INIL. OF	IMAIN HAR	<u> </u>	-61/413/	Page 2
Pa	Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
<u> </u>	(Complete only if you che	ecked the box	on line 5, /, or	8 of Part I.)			
	tion A. Public Support	1				T	
Cai	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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				l 		
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						
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(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 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	•	second third fourt	h or fifth tax vear a	s a section 501(c)		
	organization, check this box and stop here	•		.,		(-)	>
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2009 (line 6,	• •	-	(ብ)		14	%
15	Public support percentage from 2008 Sche		=	. , ,		15	%
16a	33 1/3 % support test—2009. If the organi			3. and line 14 is 33	1/3 % or more, che		
	and stop here. The organization qualifies a			.,			>
b	33 1/3 % support test—2008. If the organi		_	or 16a, and line 15	ıs 33 1/3 % or more	e check this	·
	box and stop here. The organization qualif				10 00 170 70 07 111011	o, oricon triid	▶ □
17a	10%-facts-and-circumstances test—200	•	• • •		or 16h, and line 14	Lie 10% or	
114	more, and if the organization meets the "fai						
	organization meets the "facts-and-circumst					v now the	> [
L	•		•		=	ne 15 is 10% or	
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fact				•	A HOM (HE	▶ □
10	organization meets the "facts-and-circumst					netri ictione	
18	Private foundation. If the organization did	HOLCHECK & DOX OF	1 mile 13, 108, 100,	Tra, OF Tru, CHECK	THIS DOX ALIG SEE II	1311 UCIIOI 13	

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	ched the box c	mine 5 or r ar	(1.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,695	3,900	17,795	7,726	8,889	40,005
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	41,845	103,163	89,966	89,610	74,794	399,378
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			<u> </u>		_	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	43,540	107,063	107,761	97,336	83,683	439,383
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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						
с 8	Add lines 7a and 7b					-	
0	Public support (Subtract line 7c from line 6)						439,383
Sec	tion B. Total Support	<u></u>	L		·—		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	43,540	107,063	107,761	97,336	83,683	439,383
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,355	1,005	775	651	98	3,884
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,355	1,005	775	651	98	3,884
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	-	:			30,239	30,239
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,	1			ĺ		
	and 12)	44,895	108,068	108,536	97,987	114,020	473,506
14	First five years. If the Form 990 is for the c		second, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	_
	organization, check this box and stop here					 	
	Etion C. Computation of Public Su			6)		45	
15	Public support percentage for 2009 (line 8,		-	1))		15	92 79 %
16 Sec	Public support percentage from 2008 Schericion D. Computation of Investmen			. —		16	98 <u>87 %</u>
17	Investment income percentage for 2009 (lin			olumn (fl)		17	1 %
17 18	Investment income percentage for 2009 (in linestment income percentage from 2008 §					18	1 %
10 19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is mr	ore than 33 1/3 %	<u>_</u>	
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	x and stop here. T	he organization qua	alifies as a publicly	supported organiza	ation	▶ X
D	line 18 is not more than 33 1/3 %, check thi						▶ □
20	Private foundation. If the organization did	-					>

Page 4

Schedule A (Form 990 or 990-EZ) 2009 SOROPTIMIST INTL. OF TWAIN HARTE 94-6174137

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public

Inspection

Name of the organization Employer identification number SOROPTIMIST INTL. OF TWAIN HARTE 94-6174137 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche		T INTL. OF			L74137					
<u>Pa</u>	rt III Organizations Maintaining (Collections of Art,	Historical Treas	ures, or Other S	imilar Assets	(continued)				
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, che	ck any of the following	that are a significant	use of its					
а	Public exhibition	d 🗌 Loa	n or exchange program	าร						
b	Scholarly research	e 🗍 Oth								
С	Preservation for future generations			- 						
4	Provide a description of the organization's collect Part XIV.	ctions and explain how	they further the organiz	zation's exempt purp	ose in					
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be					Yes No				
Pa	rt IV Escrow and Custodial Arran				Yes" to Form 9					
	IV, line 9, or reported an amount of the second of the	ount on Form 990	, Part X, line <u>21.</u>							
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or other	assets not						
	included on Form 990, Part X?					Yes No				
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	g table							
						Amount				
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	2a Did the organization include an amount on Form 990, Part X, line 21?									
	b If "Yes," explain the arrangement in Part XIV									
	rt V Endowment Funds. Complet	te if organization a	enswered "Yes" to	Form 990 Par	IV line 10	·· -				
	Eliacimone i aliaci. Compici	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	ck (e) Four years back				
10	Parantag of year belongs	(u) ourrors your	(2)	(6)) 5 5	(4) 111100 (4010 22	(0) 1 501 7 501 5001				
1a	Beginning of year balance				 					
b	Contributions									
С	Net investment earnings, gains,									
	and losses				 					
d	Grants or scholarships			- 40 - 2 * 2-4 * 10	 					
е	Other expenditures for facilities			T		-				
	and programs			37.2						
f	Administrative expenses			1 2	ļ					
g	End of year balance		L_,	1 1	L					
2	Provide the estimated percentage of the year er	nd balance held as								
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possession	on of the organization th	nat are held and admini	stered for the						
	organization by					Yes No				
	(i) unrelated organizations					3a(i)				
	(ii) related organizations					3a(ii)				
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sch	edule R?			3b				
4	Describe in Part XIV the intended uses of the or									
Pa	rt VI Investments—Land, Buildin			, Part X, line 10.						
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value				
	,	(investment)	basis (other) dep	reciation					
12	Land			 						
	Buildings					· · · · · · · · · · · · · · · · · · ·				
	-									
	Leasehold improvements			,690	1,080	610				
	Equipment			, , , , , , , , , , , , , , , , , , , 	1,000	010				
	Other I. Add lines 1a through 1e (Column (d) must equi	al Form 990 Part X co	lumn (B) line 10(c) \		•	610				
· Uld		a	(D), mic 10(0/)							

Schedule D (Form 990) 2009 SOROPITMIST INIL. OF		94-61/413/	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives	-		
Closely-held equity interests		 	
			
Other		 	
		<u></u>	
		 	
	· -	 	-
	-		-
		<u> </u>	
·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	·	_	
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
(-7	,,,,	Cost or end-of-ye	
		-	
· 		 	
			
			
		 	
		<u> </u>	
			
		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.		<u></u>	
(a) Description			(b) Book value
(-) (-) (-) (-) (-) (-) (-) (-) (-) (-)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
			
<u> </u>			· · · · · · · · · · · · · · · · · · ·
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
1 (a) Description of liability	(b) Amount		
	.,	†	
Federal income taxes		+	
		4	
			
	· · · · · · · · · · · · · · · · · · ·	7	
		1	
		4	
	<u></u>	_	
		_	
	<u> </u>	1	
F-4-1 (0.1 (b) 4 4	 	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<u></u>	
FIN 48 Footnote in Part XIV, provide the text of the footnote to the organ	ization's financial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48			
· ·			

	dule D (Form 990) 2009 SOROPTIMIST INTL. OF TWAIN HAR		94-617413		Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial Statem	T - T	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Ret	-	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	<u>Vith Expenses per R</u>	eturn	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	i	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		-	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines $f 2$	2d and	4b Also complete		
this p	art to provide any additional information				
					
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Total

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047

2009 Open To Public

Internal Revenue Service Inspection Name of the organization Employer identification number SOROPTIMIST INTL. OF TWAIN HARTE 94-6174137 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 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? 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 (iii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (I) contributions Yes No

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

Page 2

Р	art I		vents. Complete if the orga ,000 on Form 990-EZ, line		Form 990, Part IV, line						
			(a) Event #1 TWAIN HARTE A L (event type)	(b) Event #2 CRAB FEED (event type)	(c) Other events None (total number)	(d) Total (add col (a		gh			
Revenue	1 2	Gross receipts Less Charitable contributions	19,307	18,744			38,	051			
	3	Gross revenue (line 1 minus line 2)	19,307	18,744			<u>38,</u>	051			
	4	Cash prizes									
	5	Noncash prizes									
uses	6	Rent/facility costs									
Direct Expenses	7	Food and beverages									
Dire	8	Entertainment					· -				
	9	Other direct expenses									
_	10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported										
	art 1		on Form 990-EZ, line 6a.		Part IV, line 19, or repo	(d) Total gar					
Revenue	(a) Bingo (b) Pull tabs/instant (c) Other gaming bingo/progressive bingo										
	1	Gross revenue		i							
Expenses	2	Cash prizes									
	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5_ 6	Other direct expenses Volunteer labor	Yes %	Yes %	Yes %						
	7	•	Add lines 2 through 5 in column (d		>	(
	8		nary Combine line 1, column d, and		•						
9	En	ter the state(s) in which the	e organization operates gaming activ	vities			Yes	No			
a b		trie organization licensed to No," Explain	o operate gaming activities in each o	of these states?		9a		-			
10a b		ere any of the organization' Yes," Explain	s gaming licenses revoked, suspen	ded or terminated during the tax yea	ar?	10a					
11		_	e gaming activities with nonmember			11_					
12		the organization a grantor, med to administer chantab	beneficiary or trustee of a trust or a le gaming?	member of a partnership or other ei	ntity	12					

Sche	dule G (Form 990 or 990-EZ) 2009 SOROPTIMIST INTL. OF TWAIN HARTE	94-617413	7	Р	age 3
				Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records	13a % 13b %			
	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 ▶ \$ amount of gaming revenue retained by the third party ▶ \$	and the			
С	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				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		17a		
b	retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent		1,4	<u> </u>	
	in the organization's own exempt activities during the tax year ▶ \$				

. ₽ Open to Public OMB No 1545-0047 2009 Inspection Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Employer identification number non-cash assistance (g) Description of 94-6174137 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other) Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. 7,426 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable OF TWAIN HARTE General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization SOROPTIMIST or government YOUTH PROGRAMS Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) × Part ∐₹ Part

Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

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Page 2	990, Part IV, line 22.	(f) Description of non-cash assistance					ıal information.
	tion answered "Yes" to Form	(e) Method of valuation (book, FMV, appraisal, other)					line 2, and any other addition
94-6174137	nplete if the organiza	(d) Amount of non-cash assistance					on required in Part I,
	United States. Com	(c) Amount of cash grant	3,000	8,500			provide the informati
INTL. OF TWAI	to Individuals in the (Form 990) if addition	(b) Number of recipients	1	7			omplete this part to
Schedule 1 (Form 990) 2009 SOROPTIMIST INTL. OF TWAIN HARTE	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance	SCHOLARSHIP	SHOLARSHIPS TO YOUTHS			*Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
Sche	P		 SC	SH			Pa β

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

SOROPTIMIST INTL. OF TWAIN HARTE

Employer identification number

94-6174137

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attachment Sequence No

► See separate instructions. Attach to your tax return.

OMB No 1545-0172

Name	e(s) shown on return SOROPTI	MIST INTL.	OF TWAIN	HARTE					fying n	umber 4137	
3usın	ess or activity to which this form relates				•						
	ndirect Depreciati	.on									
	art I Election To Expen		erty Under Sec	tion 179							
	Note: If you have a				vou	com	plete Pa	rt I.			
1	Maximum amount. See the instructi						<u></u>		1	250,000	
2	Total cost of section 179 property p	=							2		
3	Threshold cost of section 179 prope		•	tructions)					3	800,000	
4	Reduction in limitation Subtract line		•	,					4	7000	
5	Dollar limitation for tax year Subtract line			ed filma separat	elv se	e instru	ctions		5		
6	(a) Description			(b) Cost (busine				Elected cost			
		_ ````	· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
						_	<u> </u>				
7	Listed property Enter the amount fi	rom line 29				7					
8	Total elected cost of section 179 pr		in column (c) lines	6 and 7		<u>'</u>	<u> </u>		8		
9	Tentative deduction Enter the sma	, ,	in column (c), inles	o and 7					9		
10			000 Earm 4560						10		
11	Carryover of disallowed deduction f	•		\ !	E /a						
	Business income limitation. Enter the		•	•	1e 5 (S	ee ins	tructions)		11		
12	Section 179 expense deduction Ad	•		nan line 11		٠	Γ''		12		
13	Carryover of disallowed deduction t					13	L			<u> </u>	
	: Do not use Part II or Part III below t					:	d - 1 - 4		4 1. ((3	
	art II Special Depreciation						ae listec	ı proper	<u>ty.) (</u> 3	See Instr.)	
14	Special depreciation allowance for o		er than listed prope	rty) placed in	service	е					
	during the tax year (see instructions	•							14		
15	Property subject to section 168(f)(1) election										
<u> 16</u>	Other depreciation (including ACRS								16	564	
<u>P</u> a	art III MACRS Depreciati	on (Do not inclu			<u>ıstru</u>	<u>ction</u>	<u>s.) </u>				
			Section	on A							
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning befor	e 2009				_	17	0	
18	If you are electing to group any assets pl	aced in service during th	e tax year into one or n	nore general ass	set acco	ounts, c	heck here	<u> </u>	L.,.		
	Section B—	Assets Placed in Se	rvice During 2009	Tax Year Usi	ng the	Gene	ral Depre	ciation Sy	stem		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investmer only-see instruction	ntuse \",	covery nod	(e) (Convention	(f) Met	hod	(g) Depreciation deduction	
19a	3-year property										
b	5-year property										
Ç	7-year property										
d	10-year property	***				Ī					
e	15-year property	Mar - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>							
f	20-year property	. د سده ولاد ، ا									
	25-year property	70.4 1 1 1 1 1 1		25 y	/rs		_	S/L			
<u>-3</u> _	Residential rental			27 5			MM	S/L			
••	property		<u> </u>	27 5			MM	S/L			
	Nonresidential real			39)			MM	S/L			
•	property				13	 	MM	S/L			
	<u> </u>	ssets Placed in Serv	rice During 2009 Ta	ax Year Using	the A	L					
	Class life	33613 1 18060 111 361	ice burning 2005 Te	1001 031119	,	1	au vo Bopi				
				12,	450	╁──		S/L S/L			
	12-year			12		-	MM				
_	40-year	tructions \		40	yrs	L	ММ	S/L	·	<u> </u>	
	art IV Summary (See ins										
21	Listed property Enter amount from		40			- .	b		21		
22	Total. Add amounts from line 12, lin	_				∟nter	nere			E C A	
	and on the appropriate lines of your				ons			-	22	564	
23	For assets shown above and place	-	e current year, enter	the							
	portion of the basis attributable to s	ection 263A costs	<u></u>			23				L	