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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public

Inspection

Α	For the	e 2010 calend	lar year, or tax year beginning , and ending					
В								ation number
	Address	change						
	Name ch	hange	80	80-0345318				
X	Initial ref	turn	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telepi	none number	
	Termina	ited	5215 N LOMBARD ST #2 PMB 200	_		36	0-356-	5599
	Amende	ed return	City or town, state or country, and ZIP + 4			F Grou	p Exemption	
X	Applicati	ion pending	PORTLAND OR 97203			Numl	oer	>
G	Account	ting Method	X Cash Accrual Other (specify) ▶		H Check ▶	X If the	organization	s not
1	Website	e: ▶ <u>PI</u>	NKBOOTSSOCIETY.ORG		required t	o attach Sch	edule B	
J	Tax-exe	empt status (ch	neck only one) — X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1)) or	527 (Form 99	0, 990-EZ, o	r 990-PF)	
K	Check	If the o	organization is not a section 509(a)(3) supporting organization and its gross receipts a	are norr	nally not more than \$50	0,000 A		
	Form 99	90-EZ or Form 99	90 return is not required though Form 990-N (e-postcard) may be required (see instru	ctions)	But if the organization	chooses		
	to file a	return, be sure to	o file a complete return		_			
Ł	Add line	s 5b, 6c, and 7b	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal asse	ts (Part II,			
_	line 25,	column (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$;	3 , 791
F	art l	Reven	ue, Expenses, and Changes in Net Assets or Fund Bal	lance	s (see the instruc	tions for F	Part I)	
		Check i	if the organization used Schedule O to respond to any question in	this F	Part I			X
=	1	Contributions,	gifts, grants, and similar amounts received			1		2,351
MNZ	2	Program ser	vice revenue including government fees and contracts			2		1,440
 :9	3	Membership	dues and assessments			3		
∌	4	Investment ii	ncome			4		
	5a	Gross amou	nt from sale of assets other than inventory	5a				
⋽	b	Less cost or	r other basis and sales expenses	5b				
~ ~	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)			5с		
	6	Gaming and	fundraising events					
Z 9	а	Gross incom	ne from gaming (attach Schedule G if greater than					
		\$15,000)		6a				
SCANZED JUN	b	b Gross income from fundraising events (not including \$						
(I)								
		sum of such	gross income and contributions exceeds \$15,000)	6b				
	С	Less direct	expenses from gaming and fundraising events	6c				
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	btract		Ĭ		
		line 6c)				6d		
	7a	Gross sales	of inventory, less returns and allowances	7a				
	b	Less cost of	f goods sold	7b				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8		ue (describe in Scriedule O)			8		
_	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9		3,791
	10		similar amounts paid (list in Schedule O)			10		
	11	•	d to or for members		: * * /	11		
S	12	Salanes, oth	ner compensation, and employee benefits			12		·
Sus	13		fees and other payments to independent contractors			13		1,222
Expenses	14		rent, utilities, and maintenance		-	14		
Ш	15	Printing, publications, postage, and shipping			15		18	
	16	-	ses (describe in Schedule O)			16		2,537
	17		ses. Add lines 10 through 16			▶ 17		3,777
ø	18		deficit) for the year (Subtract line 17 from line 9)			18		14
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agre	e with				0.00-
 Net Assets			figure_reported on prior year's return)			<u> </u>		2,882
Net	20	_	es in net assets or fund balances (explain in Schedule O)			20	ļ	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20			▶ 21		2,896

Form 990-EZ (2010) PINK B	OOTS SOCIETY	80	<u>1-0345318</u>			Page 2,
Part II Balance Sheets	. (see the instructions for Part II)					
Check if the organi	zation used Schedule O to respond to	any question in this P	art II			
			(A) Beginning of year		(B) E	End of year
22 Cash, savings, and investments			2,88	2 22		2,896
23 Land and buildings				0 23		
24 Other assets (describe in Schedul	e O)			0 24		
25 Total assets	•		2,88			2,896
26 Total líabilities (describe in Sche	dule O)			0 26		0
·	e 27 of column (B) must agree with line 2	1)	2,88			2,896
	ogram Service Accomplishmen			 -	Exr	penses
	zation used Schedule O to respond to	•	´ [v]	-	or section
What is the organization's primary exe		s any question in this i	arriii	⊣ `		nd 501(c)(4)
SEE SCHEDULE O	mpt purpose					ns and section
	ng out the organization's exempt purposes	In a clear and concide m	apper describe	_	-	trusts, optional
-	persons benefited, or other relevant inform					tiusts, optional
				10	r others) I	
28 SEMINARS AND E-NEWLETTE INDUSTRY.	RS TO EDUCATE, TRAIN AND INFORM	MEMBERS IN THE BEE	i.R	ļ	<u>.</u>	
(Grants \$) If this amount includes foreign gran	ts. check here	▶ □	28a		2,569
29	, in the amount modeles longing from	to, oriedic here		1200		2/003
				,		
(Grants \$) If this amount includes foreign gran	ts, check here	•	29a		
30				1		
				.		
(Grants \$) If this amount includes foreign gran	ts, check here	•	30a		
31 Other program services (describe	ın Schedule O)		_	_		
(Grants \$) If this amount includes foreign gran	ts, check here	•	31a	ļ	
32 Total program service expense	s (add lines 28a through 31a)			32	<u> </u>	2 <u>,569</u>
Part IV List of Officers, Dire	ectors, Trustees, and Key Employees. L	ist each one even if no	t compensated (se	e the in	struction	ns for Part IV_)_
Check if the organi	zation used Schedule O to respond to	o any question in this P	art IV			
(a) N	ame and address	(a) Title and average hours per week devoted to position		(d) Contrib nployee ben leferred corr	efit plans &	(e) Expense account and other allowances
TERESA FAHRENDORF	PORTLAND	PRES/SECY/TR	BAS			
5215 N LOMBARD ST PMB 200	OR 97203	1.00	0		o	0
LISA MORRISON	PORTLAND	DIRECTOR				
1923 SE 32ND PLACE	OR 97204	0.25			0	0
BOB WOLFE	PORTLAND	DIRECTOR				
420 NW 11TH AVE APT 607	OR 97209	0.25			اه	0
REBECCA MORRIS	PORTLAND	DIRECTOR				
5239 NE 31ST AVENUE	OR 97211	0.25	0		ار	0
LYNDA RAMSEY	PORTLAND	DIRECTOR				
1673 C SW MONTGOMERY DRIVE	OR 97201	0.25			ار	0
1073 C SW MONIGOMERI DRIVE	OK 97201	0.23	 			0
			 			
			 			
			++		_	<u> </u>
			 			
			1		ļ	
			 			
		1				
						

DAA

Pa	Other Information (Note the statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	energy and anguine door ganded or to respond to any quotient in the fact v		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			١
	description of each activity in Schedule O	33	 	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		,
25	change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4),			ţ
a	501(c)(5), or 501(c)(6) organization 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 (see instructions)?	35a 35b		12
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
•	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	1	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<u> </u>		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter		1	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			-
	transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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			
d	() () () () () () () () () ()			1
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	-		١
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed NONE	260 25		
42a	The organization's books are in care of ▶ TERESA FAHRENDORF Telephone no ▶	360-35	6-5	1599
	5215 N. LOMBARD ST. PMB 200	07202		
	Located at ▶ PORTLAND OR ZIP + 4 ▶	97203		
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u></u>	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No X
	account)? If "Yes," enter the name of the foreign country ▶	42b	-	 ^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	— [†
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ì	X
·	If "Yes," enter the name of the foreign country	420	<u> </u>	1 1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and office the amount of tax-exempt interest received of accided during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	1 10
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	7-70	<u> </u>	 '``
	completed instead of Form 990-EZ	44b	1	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	—	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	†	† <u> </u>
=	explanation in Schedule O	44d	1	1 -
		Eorm QC	10_E7	7 (2010)

Form 9	990-EZ	(2010) PIN	K BOOTS SOCIET	Ϋ́	80	0-0345318			Р	age 4
					-				Yes	No
			n a controlled entity of the or					45		Χ
a l	Did the	organization recei	ive any payment from or eng	age in any transaction with	a controlled entity	within the				į
)(13)? If "Yes," Form 990 and	d Schedule R may need to	be completed inste	ad of		1		ĺ
		90-EZ (see instruc						45a		X
46	Did the	organization enga	ige, directly or indirectly, in p	olitical campaign activities	on behalf of or in or	position				Ē
			ffice? If "Yes," complete Scho					46		X
Pari	t VI		1(c)(3) organizations					ction		
			anizations and section 49		arıtable trusts mu	st answer questi	ons 47-49b			
		and 52, and o	complete the tables for lin	es 50 and 51						
		Check if the c	organization used Schedu	ile O to respond to any	question in this P	art VI				
									Yes	No
47 I	Did the	organization enga	ige in lobbying activities? If "	Yes," complete Schedule (C, Part II			47		Χ
48	s the o	rganization a scho	ool as described in section 17	0(b)(1)(A)(ıı)? If "Yes," co	mplete Schedule E			48		Χ
49a	Did the	organization make	e any transfers to an exempt	non-chantable related org	janization?			49a		Χ
b 1	f "Yes,"	was the related o	organization a section 527 org	ganization?				49b		
50	Comple	te this table for the	e organization's five highest	compensated employees	other than officers,	directors, trustees	and key			
	employe	ees) who each rec	ceived more than \$100,000 o	f compensation from the o	organization If there	ıs none, enter "No				
		(a) Name an	d address of each employee paid	f more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e)	Expension	
			than \$100,000		devoted to position	l	deferred compensation		r allowa	
NONE										
					<u> </u>			}		
f '	Total nu	ımber of other em	ployees paid over \$100,000		•					
51 (Comple	te this table for the	e organization's five highest	compensated independen	t contractors who ea	ch received more	_ than			
	\$100,00	00 of compensatio	n from the organization. If the	ere is none, enter "None "						
	(a)	Name and address of	of each independent contractor pa	aid more than \$100,000	(b)	Type of service	(c) C	ompen	sation	
NON	E									
		-								
									-	
									-	
	_				1					
ď	Total nu	ımber of other ind	ependent contractors each r	eceiving over \$100.000	•	··				
52	Did the	organization comp	plete Schedule A? Note All s	section 501(c)(3) organiza	tions and 4947(a)(1)				
			sts must attach a completed			,	▶ [X	Yes		No
			that I have examined this return,		dules and statements.	and to the best of my				140
true, co	rrect, and	d complete Declarat	ion of preparer (other than office	r) is based on all information o	f which preparer has a	ny knowledge	omeage and belief, i	. 10		
	T	Perasa	- L. talvan	alor		5/8/	2011			
Sign		Signature of of				Date				
Here		TERES	A FAHRENDORF		PRES:	IDENT				
		Type or print na	ame and title							
	ī	Print/Type preparer's	name	Preparer's signature		Date		PTIN		
Paid			_	(11) 1 (1	- [,]		Checki	f		
Prepa		AMELA J. WHYT		I and	1 Mist		03/11 self-employe			
Use C	H	Firm's name	EMGE & WHYTE	 			Firm's EIN ▶ 93	<u>-09</u>	917	<u>კხ</u>
Joe (ZIIIY I	Firm's address	2505 W. 11TH	7400				40-	~ -	0.0
Marria		diagram this set :		97402			Phone no 541-			T
	ie iKS (JISCUSS TAIS FETURA	with the preparer shown ab-	ove / See instructions					es	No
DAA							F	orm 99	10-EZ	. (2010)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PINK BOOTS SOCIETY

Employer identification number 80-03/15318

-		FINK BOOLS S						_	-0343	_		
Part			Status (All organizations			this p	art) S	ee ins	tructio	ns		
The org		·	it is (For lines 1 through 11, che	•	•							
1	~		ociation of churches described in	section 1	70(b)(1)(<i>/</i>	4)(i).						
2	7	cribed in section 170(b)(1)(A										
3	즉	·	e organization described in secti									
4 _	-	•	in conjunction with a hospital de-	scribed in	section 1	170(b)(1)	(A)(iii).	Enter th	e hospit	al's name,		
	city, and state											
5												
	section 170(b)(1)(A)(iv). (Complete Part II)											
6 [ਜ		evernmental unit described in sec	•		•						
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
• -	_	section 170(b)(1)(A)(vi). (Co	•									
8	₹ .		70(b)(1)(A)(vi). (Complete Part II									
9	_	*	more than 33 1/3% of its support						-			
			pt functions—subject to certain e	•					its			
		=	d unrelated business taxable inco			iitax)ii	om busi	nesses				
10	-		 1975 See section 509(a)(2). (xclusively to test for public safety 	-	•	-\/A\						
11			xclusively for the benefit of, to pe				cam, on	t the				
	_	- · ·	ed organizations described in sec				•		tion			
		• • • • • • • • • • • • • • • • • • • •	ie type of supporting organization	•					LIOII			
	a Type		c Type III–Functiona			l	− ī	e III–Otl	ner			
е			inization is not controlled directly	, ,		or more						
٠ ــــ			than one or more publicly suppo									
	or section 509	9(a)(2)		J					. , ,			
f	If the organization	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
	organization,	check this box						_				
g	Since August	17, 2006, has the organizati	on accepted any gift or contributi	on from a	ny of the							
	following per	sons?										
	(i) A persor	who directly or indirectly coi	ntrols, either alone or together wi	th persons	s describe	ed in (ii) a	and				Yes	No
	(III) belov	v, the governing body of the	supported organization?							11g(i)		ļ
	(ii) A famıly	member of a person describe	ed ın (ı) above?							11g(n)		
	(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iu)		
<u>h</u>	Provide the f	ollowing information about the	e supported organization(s)									
	me of supported	(II) EIN	(iv) Is the organization (v) Did you notify					s the	(vII) Am			
	organization		(described on lines 1–9 above or IRC section	in col (i) listed in your governing document?		the organization in col (i) of your		organizat (i) organi	zed in the	supp	ort	
			(see instructions))	<u> </u>		 	oort?	-	5 ?			
				Yes	No	Yes	No	Yes	No			
(A)												
(D)						 	-	<u> </u>				
(B)												
(C)		-	<u> </u>	 	-							
(0)												
(D)				1		<u> </u>			 			
(0)												
(E)				 - 					-			
ν-,							1					
_												
Total			<u> </u>	<u> </u>	<u> </u>							
For Pa	perwork Reduc	tion Act Notice, see the Ins	tructions for			-		Sched	ıle A (Fo	orm 990.or 9) ∂0-EZ)	2010
Form 9	90 or 990-EZ.											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					· · ·	
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				6,330	2,351	8,681
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				6,330	2,351	8,681
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						8,681
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				6,330	2,351	8,681
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						8,681
12	Gross receipts from related activities, etc (see instructions)				12	1,440
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2010 (line 6,	column (f) dıvıded	by line 11, column	(f))		14	100.00%
15	Public support percentage from 2009 Sche	dule A, Part II, line	14			15	100.00%
16a	33 1/3% support test—2010. If the organize	ation did not checl	the box on line 13	3, and line 14 is 33	1/3% or more, check	this	
	box and stop here. The organization qualif	es as a publicly su	pported organization	on			ightharpoons
b	33 1/3% support test—2009. If the organiz	ation did not checl	k a box on line 13 o	or 16a, and line 15 i	s 33 1/3% or more,		
	check this box and stop here. The organization	ation qualifies as a	publicly supported	organization			▶ _
17a	·	-					
	10% or more, and if the organization meets				•		
	Part IV how the organization meets the "fac organization	ts-and-circumstan	ces" test The orga	nization qualifies as	s a publicly supporte	d	▶ [
b	10%-facts-and-circumstances test—2009	9. If the organizatio	n did not check a b	oox on line 13, 16a,	16b, or 17a, and line	Э	
	15 is 10% or more, and if the organization is	neets the "facts-an	d-circumstances" t	est, check this box	and stop here.		
	Explain in Part IV how the organization med	ets the "facts-and-o	arcumstances" test	The organization	qualifies as a publicly	y	
	supported organization						> \[\]
18	Private foundation. If the organization did instructions	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		> [

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.

Sec	tion A. Public Support					· ·		
Caler	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not 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 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							
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							
8	Public support (Subtract line 7c from line 6)		1				- 1	
Sec	tion B. Total Support	<u> </u>	İ		1	<u> </u>	1.	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b					 		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		:					
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the c	organization's first.	second, third, four	h. or fifth tax vear a	ıs a section 501(c)	(3)		
•	organization, check this box and stop here	•		in, or marten your c		(0)		▶ [
Sec	tion C. Computation of Public Su	pport Percent	tage					
15	Public support percentage for 2010 (line 8,	column (f) divided	by line 13, column	(f))			15	%
16	Public support percentage from 2009 Sche						16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2010 (lin		-	column (f))		-	17	<u>%</u>
18	Investment income percentage from 2009 S				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L	18	
19a	33 1/3% support tests—2010. If the organ			•	•			. ┌
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2009. If the organ		-					
IJ	line 18 is not more than 33 1/3%, check this							▶ □
20	Private foundation. If the organization did		-				-	-

80-0345318

Page 4

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. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

\$

0

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PINK BOOTS SOCIETY

Employer identification number 80-0345318

FORM 990-EZ, PART I, LINE 16	- OTHER EXPENS	SES				
DESCRIPTION AMOUNT						
EXPENSES						
LOGO DESIGN	\$	175				
BUSINESS REGISTRATION	\$	425				
BANK CHARGES	\$	5				
SUPPLIES	\$	51				
MERCHANDISE	\$	1,131				
EVENT EXPENSE	\$	750				
	TOTAL \$	2,537				

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE MISSION OF THE PINK BOOTS SOCIETY IS TO INSPIRE, ENCOURAGE AND EMPOWER

WOMEN TO BECOME PROFESSIONALS AND ADVANCE THEIR CAREERS IN THE BEER

INDUSTRY, MAINLY THROUGH EDUCATION.