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2010

Open to Public Inspection

Form **990-EZ**

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

► Sponsoring organizations of donor advised funds, 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

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 , and ending 06-30-2011

B Check if applicable

Address change

- └ Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
SOROPTIMIST INTERNATIONAL OF ASHLAND

Number and street (or P O box, if mail is not delivered to street address) PO BOX 544	Room/suite
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City or town, state or country, and ZIP + 4
ASHLAND, OR 97520

D Employer identification number

23-7035377

E Telephone number

F Group Exemption
Number 3899

G Accounting method ☐ Cash ☒ Accrual Other (specify) ☐ _____

I Website: www.soroptimist.org

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

J Tax-Exempt status (check only one)—☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 78,375

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)	
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11,276
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	130
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 66,969 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	c	Less direct expenses from gaming and fundraising events	6c	9,485
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	57,484
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,890
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	53,346
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	200
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	16,932
	17	Total expenses. Add lines 10 through 16	17	70,478
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,588
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,442
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	45,854

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	50,033	22	46,038
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	3,751	24	6,738
25	Total assets	53,784	25	52,776
26	Total liabilities (describe in Schedule O)	6,342	26	6,922
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	47,442	27	45,854

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose? Community Service		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	Funded many projects related to core areas of emphasis for Soroptimists Economic & Social Development, Education, Community Health, Human Rights Funded many projects related to core areas of emphasis for Soroptimists Economic & Social Development, Education, Community Health, Human Rights (Grants \$ 53,346) If this amount includes foreign grants, check here ☐	28a	8,330
29	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	8,330

Part IV

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

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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 ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
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 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the 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	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ OR		
42a	The organization's books are in care of ▶ Phyllis A Norris CPA Telephone no ▶ (541) 488-9700 109 Clear Creek Dr Suite 101 Located at ▶ Ashland, OR ZIP + 4 ▶ 97520		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

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

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

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes

☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2012-05-15 Date		
	Barbara Stout Treasurer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Phyllis Norris	Date 2012-05-21	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN	
	Norris and Peterson LLC 109 Clear Creek Dr Ste 101 Ashland, OR 97520			Phone no (541) 488-9700	

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

☒ Yes

☐ No

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOROPTIMIST INTERNATIONAL OF ASHLAND

Employer identification number
23-7035377

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

☐

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)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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)

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support						
Calendar 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.")	9,548	10,717	7,631	22,831	11,276	62,003
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	9,548	10,717	7,631	22,831	11,276	62,003
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						62,003

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9,548	10,717	7,631	22,831	11,276	62,003
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	535	1,415	338	147	130	2,565
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)						64,568
12 Gross receipts from related activities, etc (See instructions)					12	304,910
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14 96 030 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15 99 240 %
16a	33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐

Part IIISupport 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.)

Section A. Public Support						
Calendar 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.")	9,548	10,717	7,631	22,831	11,276	62,003
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	62,344	58,115	61,133	65,834	57,484	304,910
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	71,892	68,832	68,764	88,665	68,760	366,913
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)						366,913

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	71,892	68,832	68,764	88,665	68,760	366,913
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	535	1,415	338	147	130	2,565
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	535	1,415	338	147	130	2,565
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support (Add lines 9, 10c, 11 and 12.)	72,427	70,247	69,102	88,812	68,890	369,478
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.310 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.240 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.690 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.760 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. 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).

Additional Data

Software ID: 10000149
Software Version: 2010.2.15
EIN: 23-7035377
Name: SROPTIMIST INTERNATIONAL OF ASHLAND

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Barbara Oldfield 500 Parkside Ashland,OR 97520	President 002 00	0		
Kay Lynne Sherman 322 Bridge St Ashland,OR 97520	Pres-elect 002 00	0		
Georgina Holderness 50 Pine St Ashland,OR 97520	Vice Pres 002 00	0		
Janet Leifer PO Box 544 Ashland,OR 97520	Co-secretary 002 00	0		
Sue Kurth PO Box 544 Ashland,OR 97520	Co-secretary 002 00	0		
Linda Anderson PO Box 544 Ashland,OR 97520	Treasurer 002 00	0		
Barbara Stout 876 Walker St Ashland,OR 97520	Asst Treas 001 00	0		
Polly Arnold 1163 Bellview Ave Ashland,OR 97520	Director 001 00	0		
Debbie Jones PO Box 544 Ashland,OR 97520	Director 001 00	0		
Marilyn Bailey PO Box 544 Ashland,OR 97520	Past Pres 001 00	0		

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
SOROPTIMIST INTERNATIONAL OF ASHLAND

Employer identification number

23-7035377

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

[illegible]

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Rent pillows/blankets at OSFA (event type)	Empty Bowls Project (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	62,808	4,161	66,969
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	62,808	4,161	66,969
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	9,169	316	9,485
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					57,484

Part III Gaming.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
SOROPTIMIST INTERNATIONAL OF ASHLAND

Employer identification number
23-7035377

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Ashland Police Dept E Main St Ashland OR 97520, Cash Grant 2,533, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Jackson County Consortium 10 S Oakdale Medford OR 97501, Cash Grant 400, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Ashland High School 885 Siskiyou Blvd Ashland OR 97520, Cash Grant 3,725, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee ARC of Jackson County 121 N Central Medford OR 97501, Cash Grant 275, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Bellevue Elementary School Tolman Creek Rd Ashland OR 97520, Cash Grant 186, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Southern Oregon University 1250 Siskiyou Blvd Ashland OR 97520, Cash Grant 2,500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Soroptimist Intl of the Americas 1709 Spruce St Philadelphia PA 19103, Cash Grant 2,310, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Ashland Senior Foot Clinic Homes St Ashland OR 97520, Cash Grant 360, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Ashland Parks Foundation E Main St Ashland OR 97520, Cash Grant 360, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee SI Rogue Starlite PO Box Medford OR 97501, Cash Grant 350, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Klamath Bird Observatory E Main St Ashland OR 97520, Cash Grant 500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Community Health Center 99 Central St Ashland OR 97520, Cash Grant 2,000, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Planned Parenthood 125 S Central Ave Medford OR 97501, Cash Grant 500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Ashland Comm Hospital Foundation 280 Maple St Ashland OR 97520, Cash Grant 200, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Soda Mtn Wilderness Council PO Box 512 Ashland OR 97520, Cash Grant 500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee La Clinica 3617 So Pacific Hwy Medford OR 97501, Cash Grant 605, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Jackson County SART 715 W 10th Medford OR 97501, Cash Grant 200, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Soroptimist Intl of the Americas 1709 Spruce St Philadelphia PA 19103, Cash Grant 640, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Community Works 21850 Hwy 62 Medford OR 97539, Cash Grant 800, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee ACCESS 3630 Aviation Way Medford OR 97504, Cash Grant 961, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Ashland Emergency Food Bank Ashland St Ashland OR 97520, Cash Grant 961, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Peace House-Uncle Foods Diner 543 So Mountain Ashland OR 97520, Cash Grant 961, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Food Angels 543 So Mountain Ashland OR 97520, Cash Grant 961, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Oregon Shakespeare Festival Assoc 15 S Pioneer Ashland OR 97520, Cash Grant 27,258, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Womens Opportunity Awards PO Box 544 Ashland OR 97520, Cash Grant 3,000, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Violet Richardson Awards PO Box 544 Ashland OR 97520, Cash Grant 300, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 4,930 Form 990-EZ, Part I, Line 16, Other Expenses ADMINISTRATION EXPENSES 2,428 Form 990-EZ, Part I, Line 16, Other Expenses COMMUNICATIONS/NETWORKING 764 Form 990-EZ, Part I, Line 16, Other Expenses SUPPLIES, POSTAGE, BANK CHARGES 430 Form 990-EZ, Part I, Line 16, Other Expenses STRONG GIRLS STRONG WOMEN PROGRAM EXPENSES 6,608 Form 990-EZ, Part I, Line 16, Other Expenses MISC PROGRAM EXPENSES 1,772 Form 990-EZ, Part II, Line 24, Other Assets Inventories Beginning of year 3,751, End of year 3,751 Form 990-EZ, Part II, Line 24, Other Assets Prepaid dues payments Beginning of year 0, End of year 2,987 Form 990-EZ, Part II, Line 26, Liabilities Deferred Income - Dues Beginning of year 6,342, End of year 6,922