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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, 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

OMB No 1545 1150

2010

Open to Public Inspection

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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, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total sessets (fart It, line 2b, column (8) below) are \$500,000 or more, file from 990 misted of Form 990-Ez or It total sessets (fart It, line 2b, column (8) below) are \$500,000 or more, file from 990 misted of Form 990-Ez or It total sessets or Fund Balances (See the instructions for Part I.) Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total sessets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I I 319. 1 Contributions, gifs, grants, and similar amounts received 1 1 319. 2 Program service revenue including government fees and contracts 2 2 55, 491. 3 Membership dues and assessments 3 3 192. 4 Investment income 4 55. 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5b 5b 5c 6 6 Gaming and fundraising events (and line 5b from line 5a) 5c 6 6 Gaming and fundraising events (and lines 5b from line 5a) 6 Gaming and fundraising events (and lines 6a and 5b and subfract line 6b) 6c c 1 6c 1 6c 1 6c 1 6c 1 6c 1 6c 1 6	i				990, 9	90-EZ, o	r 990-PF).
\$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 assests (741 ft.) line 25, column (8) below) are \$500,000 or more, line form 990 instead of Form 990-EZ \$56,059. Pairt IV Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. IX 1 Contributions, giffs, grants, and similar amounts received 1 1 319. 2 Program service revenue including government fees and contracts 3 192. 3 Membership dues and assessments 4 57. 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses c gain or (loss) from sale of assets other than inventory (Subtract line 8 ft form line 5) 6 Gamming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from gaming and fundraising events (and incutaing \$ or contributions from fundraising events (not incutaing \$ or contributions from fundraising events (and incutaing \$ or contributions and the fold in the file of the sum of such gross income and contributions exceeds \$15,000) c Less, direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar	ĸ				coints are	normally	, not more than
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Benefits paid to or for members 11 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 285. Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 11 285. 12 285. 13 285. 14 2,100. 15 226. 16 17 58,911. 17 58,911. 19 21,077.		-10	Grants and	d similar amounts paid (list in Schedule O) See Schedu	ıle O	10	
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Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 18,225.	NS	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with ried on prior year's return)	end-of-ye	ω,	
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 18,225.	ΤĚ	C20					
	ŝ						
	BA					1 21	Form 990-EZ (2010)

Pai	Balance Sheets. (see the instance Check if the organization used Schei		stion in this Part II			П
	Check if the organization used series	date o to respond to any que.		A) Beginning of yea	ır	(B) End of year
22	Cash, savings, and investments			21,077		18,225.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			21 077	. 25	18,225.
25 26	Total assets Total liabilities (describe in Schedule O)		,	21,077		16,223.
	Net assets or fund balances (line 27 of co	olumn (B) must agree with lir	ne 21)	21,077		18,225.
Contract Con	Statement of Program Ser			t III.)	· I	Expenses
	Check if the organization used Sch		iestion in this Part III	X	(Requ	uired for section
What	is the organization's primary exempt purpose? See	e Schedule O	coo In a cloor and con	4	organ	e)(3) and 501(c)(4) eizations and section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of p ram title	persons benefited, and other r	elevant information for	each	4947 for ot	(a)(1) trusts; optional hers.)
28	THE MAKING OF REGULAR CON					
	ORGANIZATIONS FOR DISTRIB			IS_IN]		
	NEED, AND SCHOLARSHIPS TO					E0 011
29		is amount includes foreign gra			28 a	58,911.
23						
					Ì	
	(Grants \$) If the	is amount includes foreign gra	ants, check here	-	29 a	
30						
	(Cronto C	 is amount includes foreign gra			20.5	
31	(Grants \$) If the Other program services (describe in Sche		ants, check here		30 a	· · · · · · · · · · · · · · · · · · ·
٥.	5	is amount includes foreign gra	ants, check here	▶ □	31 a	
32	Total program service expenses (add line			•	32	58,911.
Par	tiv: List of Officers, Directors,			even if not compensated	(see t	he instructions for Part IV
	Check if the organization used Sch	hedule O to respond to any que (b) Title and average hours	uestion in this Part IV (c) Compensation (If	Cal Contributions	12	(2) [
	(a) Name and address	per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	s and	(e) Expense account and other allowances
See	Schedule_0					
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BAA		TEEA0812L 0	2/18/11			Form 990-EZ (2010)

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Page 2

Form 990-EZ (2010) SOROPTIMISTS FOUNDATION, INC

	990-EZ (2010) SOROPTIMISTS FOUNDATION, INC 93-6033			age 3
Pai	Other Information (Note the statement requirements in the instructions for Part V.) See Scheck if the organization used Schedule O to respond to any question in this Part V.	Schedul		<u> X</u>
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	33	Yes	No X
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).	34		Х
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 0 why the organization did not report the income on Form 990-T.			
	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		<u>x</u>
	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
	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		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>0.</u> 37 ь		X
	o Did the organization file Form 1120-POL for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
t	of 'Yes,' complete Schedule L. Part II and enter the total	/A		
39	Section 501(c)(7) organizations. Enter.	/1		
	, , , , , , , , , , , , , , , , , , ,	/A		
		/A		
	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	_		
ŀ	D 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	40 b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.		
€	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	SHAM	X
41		406		
	The organization's books are in care of ► DOLORES BRIDGES Located at ► PO BOX 252 JOSEPH OR 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)?		467_ Yes	No X
Ċ	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 a Foreign Bank and Financial Accounts: At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country:	42c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	1	Yes	N/A N/A No
	of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed	44 a		Х
	instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?	44b		X
	-	740	-	<u> </u>
BAA	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d Form 990	LF7 /	(2010)
-44	ICCAUDIAL UZIGII	1 51111 336	((-0.0)

Form 990-EZ (2010) SOROPTIMISTS FOUNDA	ATION, INC		93-60338	323	Page 4
				Y	s No
45 Is any related organization a controlled entity of	_			45	X
a Did the organization receive any payment from of section 512(b)(13)? If 'Yes,' Form 990 and S	or engage in any trans Schedule R may need to	saction with a controlled on the completed instead of	entity within the meaning f Form 990-EZ (see inst.)	45a	X
46 Did the organization engage, directly or indirect candidates for public office? If 'Yes,' complete	-			46	
Part VI Section 501(c)(3) organization	s and section 494	7(a)(1) nonexempt	charitable trusts only	. All sect	ion
501(c)(3) organizations and see	ction 4947(a)(1) n	onexempt charitable	e trusts must answer	questions	}
47-49b and 52, and complete the	ne tables for lines	ou and oi.			
Check if the organization used Schedule	O to respond to any q	uestion in this Part VI	_		
47 Did the organization engage in lobbying activiti	os? If 'Vos ' complete S	Schadula C. Part II		47 Ye	S No
48 Is the organization a school as described in sec	<u>-</u>		le E	48	X
49a Did the organization make any transfers to an	. , . , . , ,			49a	X
b If 'Yes,' was the related organization a section	527 organization?			49 b	
50 Complete this table for the organization's five h	ighest compensated er	nployees (other than office	cers, directors, trustees and	l key	
employees) who each received more than \$100	(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Expen	
(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	account a other allowa	
None					
	-				
			_		
	-				
					
A Table and a Marian and a Marian	00.000	<u> </u>	<u> </u>		
f Total number of other employees paid over \$10 51 Complete this table for the organization's five h	· —	danandant contractors wi	no anab ranguad mara than	. ¢100 000 o	£
51 Complete this table for the organization's five h compensation from the organization. If there is	none, enter 'None '	ependent contractors wi	io each received more than		
(a) Name and address of each independent contra	actor paid more than \$100,00	0	(b) Type of service	(c) Compens	ation
None					
			-		
			_		
d Total number of other independent contractors	each receiving over \$1	00,000			
52 Did the organization complete Schedule A? Not		organizations and 4947(a)(1) nonexempt		
charitable trusts must attach a completed Sche		edular and statements and to the	a best of an leaveled and ballet	Yes	No_
Under penalties of perjury, I declare that I have examined this return true, correct, and complete Declaration of prepager (other than office	er) is based on all information	of which preparer has any knowl	edge		
Signature of officer			8 1 20 Date	-	
Sign Signature of officer O			Treasurer		
Type or print name and title			Treasurer		
Print/Type preparer's name	Preparer's signature	Date	Check If PTIN		
Paid Stanlynn Daugherty 30291C	Stanlynn Daughert	y/30291C 7-24		614932	
Preparer Firm's name ► Silver Creek Finance	ial Service				
Use Only Firm's address ► 175 Hwy 82	1799€			-1259165	
Lostine, OR 97857				569-2272 X Yes	T. N
May the IRS discuss this return with the preparer sho	wri above / See instruc	ะแบกร		X Yes Form 990-E	No (0010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. SOROPTIMISTS FOUNDATION, INC Employer identification number

			11132	0 CLUB	CONDI	111011, 1110					93-60	33823	3		
Par	l II 🖔	Reason	for Pub	lic Charity	Status	(All organizations	s must	compl	ete th	s part	.) See	ınstruc	ctions.		
The d	orga	nization is n	ot a priva	te foundation	because	it is (For lines 1 through	gh 11, ch	eck only	one bo	x)					
1		A church, o	convention	of churches	or associ	ation of churches desci	ribed in	section	1 70 (b)(1)(A)(i).					
2		A school de	escribed in	n section 170	(b)(1)(A)	(ii). (Attach Schedule E	Ē.)								
3		A hospital	or a coope	erative hospita	l service	organization described	in sect	tion 170	(b)(1)(A)	(iii).					
4		A medical	research d	organization o _l	perated i	n conjunction with a ho	spital de	scribed	in sect	ion 1 70 ((b)(1)(A)	(iii) Ente	er the hosp	tal's	
_		name, city,			T. T. T. T							T = = =		_ :	
5		170(b)(1)(A	.)(iv). (Co	mplete Part II)	a college or university		,			entai un	it descrii	oea in se	ction	
6 7	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.)														
8	Ц	A commun	ity trust de	escribed in se	ction 17	0(b)(1)(A)(vi). (Complet	e Part II.)							
9															
10		An organiz	ation orga	nized and ope	erated ex	clusively to test for pub	lic safety	/ See	section	509(a)(4	l).				
11		more public	cly suppor	ted organizáti	ons desc	clusively for the benefit cribed in section 509(a) on and complete lines 1	 or sea 	ction 509	e functi 9(a)(2).	ons of, o See se	or carry ction 50	out the p 9(a)(3). —	ourposes of Check the	one or box tha	r at
	_	a Type	1	b 7	ype II	c Type II	II — Fund	ctionally	ıntegrat	ed		d 🗌	Type III -	- Othe	r
е		By checkin other than section 509	foundation	, I certify that n managers ar	the organd other	nization is not controlle than one or more public	d directly cly suppo	or indir orted org	ectly by anızatıo	one or one	more dis ribed in :	qualified section 5	l persons 509(a)(1) or		
f			nization re	ceived a writte	en detern	nination from the IRS th	nat is a T	ype I, T	ype II o	r Type II	l suppor	ting orga	anızatıon,		
g		Since Augu	ust 17, 200	06, has the org	ganizatio	n accepted any gift or	contribut	tion from	any of	the follo	wing pe	rsons?			
														Yes	No
		(i) A per	son who a	directly or indii erning body of	rectly cou	ntrols, either alone or to ported organization?	ogether w	nth pers	ons des	cribed in	ı (ıı) and	(111)	11 g (i)		,
				• ,		ed in (i) above?							11 g (ii)		
		` .	•			escribed in (i) or (ii) ab	ove?						11 g (iii)		
h		` -		, ,		supported organization									
	_	(i) Name of su organizat		(ii) EIN	ı	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (your go	Is the ration in i) listed in overning ment?	the organ	ou notify nization in n (i) of- upport?	(vi) le organiz colun organize U S	ation in	(vii) Amour	nt of sup	port
					_		Yes	No	Yes	No	Yes	No			
(A)	—				_		 	<u> </u>							
(D)															
<u>(B)</u>							 					-			
<u>(C)</u>		_ <u></u>					ļ								
(D)					-										_
<u>(E)</u>					1924annanna	**************************************			······································						
Total															

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

Schedule A (Form 990 or 990-EZ) 2010

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		····				
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see instr	uctions)			12	
13	First five years. If the Form 990 i organization, check this box and	s for the organizat	ion's first, second	, third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	ıblic Support l	Percentage				
	Public support percentage for 20	• •	• • •	11, column (f))		14	%_
15	Public support percentage from 2	2009 Schedule A, F	Part II, line 14			15	%_
16	33-1/3% support test — 2010. If the and stop here. The organization				he line 14 is 33-1,	/3% or more, checl	this box
ŧ	33-1/3% support test — 2009. if the and stop here. The organization of				and line 15 is 33-	1/3% or more, che	ck this box
17 <i>a</i>	10%-facts-and-circumstances ter or more, and if the organization the organization meets the 'facts-	neets the 'facts-an	ď-circumstances'	test, check this bo	x and stop here	. Explain in Part I\	
Ŀ	10%-facts-and-circumstances ter or more, and if the organization r organization meets the 'facts-and	neets the 'facts-an	ď-circumstances'	test, check this bo	x and stop here	. Explain in Part I\	
_18	Private foundation. If the organiz	ation did not checi	k a box on line 13	, 16a, 16b, 17a, or			
BAA					Sc	chedule A (Form 9	90 or 990-EZ) 2010

Page 3

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

(Complete only if you checked the box on line 9 of Part I 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	<u>: •</u> : •	<u></u> :		 		
Calen	dar year (or fiscal yr 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.)	2,388.	2,543.	3,054.	19.	511.	8,515.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's				54,557.	55,491.	264,334.
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	50,200.	49,631.	54,455.	54,557.	55,491.	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			<u></u>			0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge				:		0.
6	Total. Add lines 1 through 5	52,588.	52,174.	57,509.	54,576.	56,002.	272,849.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	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	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)			0.			272,849.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	52,588.	52,174.	57,509.	54,576.	56,002.	272,849.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	78.	66.	62.	48.	57.	311. 0.
c	Add lines 10a and 10b	78.	66.	62.	48.	57.	311.
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 Ins 9, 10c, 11, and 12)	52,666.	52,240.	57,571.	54,624.	56,059.	273,160.
14 	First five years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						
15	Public support percentage for 201	=		13, column (f))		15	99.9 %
_16	Public support percentage from 2					16	99.9 %
Sec	tion D. Computation of Inv						
17	Investment income percentage fo		* *	=	n (f))	17	0.1 %
18	Investment income percentage from					18	0.1 %
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ed organization	► <u>X</u>
b	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%, Private foundation. If the organiz	check this box an	d stop here. The	organization quali	fies as a publicly	supported organiza	
~~		STICE OIG POT CHACK	canoxon line 14.	. 19a. or 19b. ched	ck this box and se	e instructions	- 1 1

Schedule A	A (Form 990 or 990-E	EZ) 2010 SO	<u>ROPTIMISTS</u>	FOUNDA'	rion, in	<u>C</u>	93-6	033823	Page 4
Part IV	Supplemental Part II, line 17a (See instruction	Information a or 17b; and ns).	. Complete th I Part III, line	is part to 12. Also	provide th complete	e explanati this part foi	ons required any additior	by Part II, line nal information.	10;
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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

Department of the Treasury Internal Revenue Service

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.

Name of the organization SOROPTIMISTS FOUNDATION, INC	Employer identification number
111320 CLUB	93-6033823
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
PROGRAMS OF SERVICE	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	octs
(a) Did the organization, during the year, receive any funds,	directly_or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direct	ctly_or
indirectly, on a personal benefit contract?	No
	-
	-
	
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	le O - Supplemental I OROPTIMISTS FOUNDATION			Page
iènt 6	111320 CLUB	· · · · · · · · · · · · · · · · · · ·		93-603382
29/11				02.38F
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In	Excess of \$5,000			
Cash Amount Given:			\$	45,521
Form 990-EZ, Part I, Line 16 Other Expenses				
Advertising and Promotion BANK FEES Conferences, Conventions, and	Meetings		\$	1,022. 67. 2,792.
Insurance MISC PROJECT EXPENSES	necerngo			1,433. 522. 2,232.
TAXES/LICENSES TS UTILITIES			Total \$	95. 2,616. 10,779.
Form 990-EZ, Part IV List of Officers, Directors, Trustees,	and Key Employees			
Form 990-EZ, Part IV List of Officers, Directors, Trustees, Name and Address	and Key Employees Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	
Name and Address ARLENE HERBST 104 E FLORA ST	Title and Average Hours	<u>sation</u>	bution to	Account/ Other
Name and Address ARLENE HERBST 104 E FLORA ST	Title and Average Hours Per Week Devoted BOARD MBR	<u>sation</u>	bution to EBP & DC	Account/ Other \$ (
Name and Address ARLENE HERBST 104 E FLORA ST ENTERPRISE, OR 97828 CAROLYN GILBERT PO BOX 36 JOSEPH, OR 97846 DOLORES BRIDGES	Title and Average Hours Per Week Devoted BOARD MBR 0 PAST PRESIDENT	sation \$ 0.	bution to EBP & DC \$ 0.	Account/ Other \$ (
Name and Address ARLENE HERBST 104 E FLORA ST ENTERPRISE, OR 97828 CAROLYN GILBERT PO BOX 36 JOSEPH, OR 97846 DOLORES BRIDGES P.O. BOX 252 JOSEPH, OR 97846 JANET PULSIFER	Title and Average Hours Per Week Devoted BOARD MBR 0 PAST PRESIDENT 0 Treasurer	<u>sation</u> \$ 0.	bution to EBP & DC \$ 0.	Account/ Other \$ (
Name and Address ARLENE HERBST 104 E FLORA ST ENTERPRISE, OR 97828 CAROLYN GILBERT PO BOX 36 JOSEPH, OR 97846 DOLORES BRIDGES P.O. BOX 252 JOSEPH, OR 97846 JANET PULSIFER BLACK MARBLE LANE ENTERPRISE, OR 97828 JAN BOUCHER DORRANCE LANE	Title and Average Hours Per Week Devoted BOARD MBR 0 PAST PRESIDENT 0 Treasurer 0 ASST. SECTY.	<u>sation</u> \$ 0. 0.	bution to EBP & DC \$ \$ 0.	Account/ Other \$ (
Name and Address ARLENE HERBST 104 E FLORA ST ENTERPRISE, OR 97828 CAROLYN GILBERT PO BOX 36 JOSEPH, OR 97846 DOLORES BRIDGES P.O. BOX 252 JOSEPH, OR 97846 JANET PULSIFER BLACK MARBLE LANE ENTERPRISE, OR 97828	Title and Average Hours Per Week Devoted BOARD MBR 0 PAST PRESIDENT 0 Treasurer 0 ASST. SECTY. 0 BOARD MEMBER	sation \$ 0. 0.	bution to EBP & DC \$ 0.	Account/ Other

2010 ·

Schedule O - Supplemental Information SOROPTIMISTS FOUNDATION, INC 111320 CLUB

Page 3

Client 6

93-6033823

7/29/11

03 49PM

Form 990-EZ, P	art IV (cont	inued)	
List of Officers	, Directors,	Trustées, and Ke	ey Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	
SUE WAGNER 600 W GREENWOOD ENTERPRISE, OR 97828	BOARD MEMBER S	\$ 0.	\$ 0.	\$ 0.
SUSAN COLEMAN LOSTINE RIVER ROAD LOSTINE, OR 97857	Vice President 0	0.	0.	0.
BETH HOUGH 82807 EGGLESON LN ENTERPRISE, OR 97828	Secretary 0	0.	0.	0.
JUDI BALES JOSEPH, OR 97846	DELEGATE 0	0.	0.	0.
SUE SUDMAN RODEO RD JOSEPH, OR 97846	ASST. DELEGATE 0	0.	0.	0.
JUDY SANDERS HURRICANE CREEK ROAD JOSEPH, OR 97846	BOARD MEMBER 0	0.	0.	0.
	Total §	\$ 0.	<u>\$</u> 0.	\$ 0.