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DLN: 93493083007292

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)

OMB No 1545-0047 2010

Open to Public

Department of the Treasury

Form **990**

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

ar year, or tax year beginning 09-01-2010 and ending 08-31-2011 ame of organization DROPTIMIST INTERNATIONAL OF THE MERICAS INC Dring Business As umber and street (or P O box if mail is not delivered to street address) TO9 SPRUCE STREET ty or town, state or country, and ZIP + 4 HILADELPHIA, PA 19103 F Name and address of principal officer Elizabeth Lucas 1709 Spruce Street Philadelphia, PA 19103 F So1(c)(3)	Room/suite E Telepho (215) 8 G Gross red H(a) Is this a group return for H(b) Are all affiliates including If "No," attach a H(c) Group exemption	ceipts \$ 7,797,606 affiliates? Yes No ded? Yes No
MERICAS INC Doing Business As Lumber and street (or P O box if mail is not delivered to street address) MERICAS INC Lumber and street (or P O box if mail is not delivered to street address) MERICAS INC LUMBER STREET LUMBER S	Room/suite (215) 8 G Gross red H(a) Is this a group return for the suitable of the suitable	ceipts \$ 7,797,606 affiliates? Yes V No ded? Yes V No list (see instructions)
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Name and address of principal officer Elizabeth Lucas 1709 Spruce Street Philadelphia, PA 19103 501(c)(3)	H(a) Is this a group return for H(b) Are all affiliates including If "No," attach a H(c) Group exemption	affiliates?
F Name and address of principal officer Elizabeth Lucas 1709 Spruce Street Philadelphia, PA 19103 501(c)(3)	H(b) Are all affiliates included If "No," attach a H(c) Group exemption	ded?
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Elizabeth Lucas 1709 Spruce Street Philadelphia, PA 19103 501(c)(3)	H(b) Are all affiliates included If "No," attach a H(c) Group exemption	ded?
Philadelphia, PA 19103 501(c)(3)	If "No," attach a H(c) Group exemption	list (see instructions)
O RO PTIMIST O RG Corporation Trust Association Other ►	H(c) Group exemption	
O RO PTIMIST O RG Corporation Trust Association Other ►	1	n number 🗭
Corporation Trust Association Other ►	T	
ry	Ta a a a	
ry	L Year of formation 1980	M State of legal domicile PA
be the organization's mission or most significant activities nternational of the America's Inc is a volunteer service organizatiourls in local communities and throughout the world	n whose members work	to improve the lives of
ov HT if the organization discontinued its operations or discontinued	more than 250/ of the	
·	1	assets 1
	<u> </u>	4 1
	· · · · ⊢	5 3
		6 1
ed business revenue from Part VIII, column (C), line 12		7a (
d business taxable income from Form 990-T, line 34	:	7b
	Prior Year	Current Year
ons and grants (Part VIII, line 1h)	3,800,84	3,636,298
ervice revenue (Part VIII, line 2g)	965,51	8 136,034
	147,21	.5 110,297
	5,760,85	4,877,724
	845,91	.3 780,889
aid to or for members (Part IX, column (A), line 4)		(
ther compensation, employee benefits (Part IX, column (A), lines 5-		2,250,752
al fundraising fees (Part IX, column (A.), line 11e)	2,237,33	2,230,732
		
	2 473 20	1,759,368
	Beginning of Current	End of Year
to (Dort V. Line 16)	Year	
	340,73	719,110
or fund balances Subtract line 21 from line 20	12,851,09	,
The relation of the relation o	rox ► If the organization discontinued its operations or disposed of oting members of the governing body (Part VI, line 1a)	And prior Year ons and grants (Part VIII, line 1h) ons and grants (Part VIII, line 2g) ons and grants (Part VIII, column (A), lines 3, 4, and 7d) on the pard VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) on the pard VIII, column (A), lines 1 - 3) of similar amounts paid (Part IX, column (A), lines 1 - 3) ons and fundraising fees (Part IX, column (A), line 1 - 10, there compensation, employee benefits (Part IX, column (A), lines 25, ess expenses Subtract line 18 from line 12 ons even (Part X, line 16) ons and grants (Part X, line 16) ons and grants (Part X, line 16) ons and grants (Part VIII, column (A), lines 3, 4, and 7d) ons and grants (Part VIII, column (A), lines 3, 4, and 7d) ons and grants (Part VIII, column (A), lines 3, 4, and 7d) ons and grants (Part VIII, column (A), lines 3, 4, and 7d) ons and grants (Part VIII, column (A), lines 3, 4, and 7d) ons and grants (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ons and grants (Part IX, column (A), lines 1-3) ons and grants (Part IX, column (A), lines 1-3) ons and grants (Part IX, column (A), lines 1-3) ons and grants (Part IX, column (A), lines 1-3) ons and grants (Part IX, column (A), line 11e) ons and grants (Part IX, column (A), lines 1-3) ons and grants (Part IX, column (A), lines 1-3) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Part IX, column (A), lines 1-41d, 11f-24f) ons and grants (Par

Par		Statement of Program S Check if Schedule O contains a			ı	୮
1	Briefly	describe the organization's mis	ssion			
		nternational of the America's I communities and throughout th		ervice organization wl	nose members work to improve	e the lives of women and
2		organization undertake any sig or Form 990 or 990-EZ?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes,	" describe these new services	on Schedule O			
3		organization cease conducting	•	nt changes in how it c	onducts, any program	「Yes ▽ No
	If "Yes,	" describe these changes on S	chedule O			
4	Section	oe the exempt purpose achieve n 501(c)(3) and 501(c)(4) orga ons to others, the total expens	nızatıons and sectı	on 4947(a)(1) trusts	are required to report the amo	•
4a	(Code) (Expenses \$	1,839,497	including grants of \$) (Revenue \$	60,822)
	improve	r Support expenses to maintain a pro e the lives of women and girls, in loca ly magazine with circulation of approx	I communities and throu			
4b	(Code) (Expenses \$	1,221,991	ıncludıng grants of \$	349,889) (Revenue \$	40,405)
	which h	rograms These include Soroptimist Clonors girls for volunteer service, The prevent and end domestic violence				
	(Code) (Expenses \$	1,052,704	ıncludıng grants of \$	431,000) (Revenue \$	34,807)
	skills, ti	n's Opportunity Awards SIA's major pr raining and education necessary to im il awards may use them for any costs	prove their employmen	t status and standard of liv	ing for themselves and their family	The women receiving these
4d	Other	program services (Describe ir	n Schedule O)			
	(Expe	nses \$	ıncludıng grants o	f \$) (Revenue \$)
4e	Total	program service expenses►\$	4,114,19	92		

Part IV Checklist of Required Schedule	Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Νο
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 103			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: Title and the second of and the second of the second	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
4a	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	4a		Νο
h	account)?			
	If "Yes," enter the name of the foreign country - See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See motivations for mining requirements for room 15 7 50 22 1, Report of Foreign Bunk and Financial Medicants			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Νο
		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7.5		
_	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No_
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		N o
9	Sponsoring organizations maintaining donor advised funds.			N
	Did the organization make any taxable distributions under section 4966?	9a		No No
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N o
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
•	Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
b	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

56	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Ne	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ₩VV, WI, WA, VA, UT, TN, SC, RI, P NY, NM, NJ, NH, ND, NC, MS, MO,			

- MA , KY , KS , IL , HI , GA , FL , DC , CT , CO , CA , AZ , AR ,
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

- Own website Another's website V Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 1709 Spruce Street

Philadelphia, PA 19103 (215) 893-9000

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t				II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Tazuko Tanaka Dırector	1 50	×						0	0	0
(2) Sumie Ito Director	1 50	х						0	0	0
(3) Shirley McCoy Director	1 50	х						0	0	0
(4) Sharon Fisher President BOD	1 50	х		х				0	0	0
(5) Raquel Arreola Ruiz Sec/Treas BOD	1 50	х		х				0	0	0
(6) Patrıcıa Donohue President Elect	1 50	х						0	0	0
(7) Nına Leigh Wintz Former Ex Dir	40 00			х				250,818	0	35,129
(8) Masako Sakashita Director	1 50	х						0	0	0
(9) Marie Kennedy Director	1 50	х						0	0	0
(10) Lınabelle Vıllarıca Dırector	1 50	х						0	0	0
(11) Joan Merritt Director	1 50	х						0	0	0
(12) Jean Mervine Sr Fin Dir	40 00			х				94,166	0	13,619
(13) Eui Sook Choi Director	1 50	х						0	0	0
(14) Elizabeth Lucas Executive Direc	40 00			х				0	0	0
(15) Darlene Friedman Sr Dir of Mktg	40 00					х		103,001	0	13,879
(16) Connie Desko Director	1 50	х						0	0	0
					_					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B) Average hours	A verage Position (check all Reportable Reportable hours that apply) compensation compensation									Estima amount o	ated fother	
week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organizat	tıon (W-	organizations	,	from organizat relat	the ion and ed
1 50	х							0		0		
1 50	х							0		0		
neta Tavolaro Rajaba 1 50 X 0							0					
				•		 -						
					-			447.005		_		62.627
					• - b '			•	_			62,627
_				teu	ароуе) WIIC		more tha				
											Yes	No
					mploy •	ee, o	or highest	compens • •	ated employee	3		N o
•	•			•				•				110
		•	• •	fron		• unrol	lated organ	nization o	· · · ·	4	Yes	
										5		Νο
tractors												
		ndep	end	ent c	ontra	tors	that rece	ıved mor	e than			_
(A)								Dacc	(B)			
	A verage hours per week (describe hours for related organizations in Schedule O) 1 50 1	A verage hours per week (describe hours for related organizations in Schedule O) 1 50	A verage hours per week (describe hours for related organizations in Schedule O) 1 50	A verage hours per week (describe hours for related organizations in Schedule O) 1 50 X X 1 50 X X X X X X X X X X X X X	A verage hours per week (describe hours for related organizations in Schedule O) 1 50	A verage hours per week (describe hours for related organizations in Schedule O) 150 X 150	Average hours per week (describe hours for related organizations in Schedule O) 150 X 150 X	Average hours per week (describe hours for related organizations in Schedule O) 1 50	Average hours per week (describe hours for related organizations in Schedule O) 150 X 0 150	Average hours per week (describe hours for related organizations in Schedule O) 150 X 0 150	Average hours per week (describe hours for related organizations in Schedule O) 150 X 0 0 0 0 0 0 150 X 0 0 0 0 0 0 150 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Average hours per week (describe hours for related organizations in Schedule O) 150 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

(A) Name and business address	(B) Description of services	(C) Compensation
Janney Montgomery Scott 1801 Market Street Philadelphia, PA 19103	Investment services	110,359
3. Total number of independent contractors (including but not limited to these listed phone	a) who recoved more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

Form 9							Р	age 9	
Part \	VIII	Statement of Reven	ue	1	(A)	(B)	(C)	(D)	ı
					Total revenue	Related	Unrelated		
						or exempt	business revenue	 excluded	
						function		from	
						revenue		tax under	
								sections	
								512,	
								513, or	
40 00	1a	Federated campaigns	1a					514	†
Contributions, gifts, grants and other similar amounts		Membership dues		2,100,598					
₽Š									
# 1 €	С	Fundraising events	1c						
ਣੰ≣	d	Related organizations	. 1d						
훘	e	Government grants (contributions)	1e						
美量	f	All other contributions, gifts, grants	, and 1f	1,535,700		!	! 	İ	İ
急を	_	similar amounts not included above Noncash contributions included in li							
돌	-				2 626 200				
	h	Total. Add lines 1a-1f			3,636,298				-
ĕ	_	Manager 2 L		Business Code					
Program Serwce Revenue	2a			511120	9,535			-	$\left\{ \right.$
迷	b c	conventions and meetings		900099	126,499	126,499		<u> </u>	$\left\{ \right.$
ž Š	d							-	$\left\{ \right.$
Š	e e							-	$\left\{ \right.$
E E		All other program service re	vanua					-	$\left\{ \right.$
8	'	All other program service re-	veriue						
₹	g	Total. Add lines 2a-2f	 		136,034				
	3	Investment income (includin	ıg dıvıdends, ınterest						
		and other similar amounts)			299,825			299,825	
	4	Income from investment of tax-ex			0				
	5	Royalties		1 () 5	0				┥
	6-	Gross Rents	(ı) Real	(II) Personal					
		Less rental							
		expenses Rental income							
		or (loss)							
	d	Net rental income or (loss)	<u> </u>		0				
		C	(i) Securities	(II) O ther					
	7a	Gross amount from sales of	3,527,519						
		assets other than inventory							
	ь	Less cost or other basis and	2,832,249						
		sales expenses	605.070						
		Gain or (loss)	695,270		695,270			695,270	
41		Net gain or (loss)			693,270			693,270	4
Other Revenue	Oa	Gross income from fundraisi (not including	ng events						
 }		\$							
ď		of contributions reported on See Part IV, line 18							
jē.		,,	а						
₹	ь	Less direct expenses .	ь						
	С	Net income or (loss) from fur	ndraising events 🟲		0				
	9a	Gross income from gaming a	ctivities See Part IV, line 19 . a						
				ь					
		Net income or (loss) from ga			0				-
	10a	Gross sales of inventory, les returns and allowances	S						
		and anomanees	a	169,076					
	ь	Less cost of goods sold .	. b	87,633					
		Net income or (loss) from sa	_		81,443	81,443			
		Miscellaneous Revenue		Business Code]
	11a	Insurance claım settlemt		900099	28,854			28,854	
	ь)							
	c	:	_						1
	d	All other revenue]
	e	: Total. Add lines 11a-11d			28,854				
			.		20,034				-
	12	Total revenue. See Instructi	ons		4 077 724	217 477		1 022 040	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section $501(c)(3)$ and $501(c)(4)$ organizations must ll other organizations must complete column (A) but are not required to c			(D).	
Do n	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations				·
	in the U.S. See Part IV, line 21	81,000	81,000		
2	Grants and other assistance to individuals in the	,	,	i	
	U S See Part IV, line 22	253,000	253,000		
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the U.S. See				
	Part IV, lines 15 and 16	446,889	446,889		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	257,145	192,858	38,572	25,715
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,528,159	1,305,116	103,854	119,189
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	108,504	91,024	8,669	8,811
9	Other employee benefits	215,324	180,636	17,204	17,484
10	Payroll taxes	141,620	118,805	11,315	11,500
а	Fees for services (non-employees) Management	0			
ь	Legal	32,095	32,095		
c	Accounting	17,800	32,033	17,800	
d	Lobbying	0		17,000	
e e	Professional fundraising services See Part IV, line 17	0			_
f	Investment management fees	110,360		110,360	
g	Other	111,070	94,865	8,874	7,331
12	Advertising and promotion	25,796	21,640	2,061	2,095
13	Office expenses	155,242	130,512	12,404	12,326
14	Information technology	70,124	58,827	5,603	5,694
15	Royalties	70,124	30,027	3,003	3,054
16	Occupancy	95,942	80,486	7,666	7,790
17	Travel	310,984	277,288	16,848	16,848
18	Payments of travel or entertainment expenses for any federal,	310,301	277,200	10,010	10,010
10	state, or local public officials	0			
19	Conferences, conventions, and meetings	129,313	129,313		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	114,652	96,181	9,161	9,310
23	Insurance	49,092	41,184	7,908	_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а		185,263	181,558		3,705
Ь		178,632	178,632		
c	Miscellaneous	73,702	67,813	5,889	
d	Membership Services	49,470	49,470	, 1	
e	Development Related	44,831		7,306	37,525
f	All other expenses	5,000	5,000	·	<u> </u>
25	Total functional expenses. Add lines 1 through 24f	4,791,009	4,114,192	391,494	285,323
26	Joint costs. Check here ► □ If following	.,,	.,,		
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 4,573 1 13,944 1.710.310 2 3.239.503 2 0 3 3 24,883 4 43,204 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 6 14,648 14,648 106,630 8 141,975 Prepaid expenses and deferred charges 119,437 189,624 10a Land, buildings, and equipment cost or other basis Complete 3,009,152 10a Part VI of Schedule D 1,174,976 ь Less accumulated depreciation 10b 1,909,480 **10c** 1,834,176 8,268,848 11 9.266.519 11 12 0 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 15 0 15 16 13,191,825 16 13,710,577 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 309.918 17 628.368 17 Accounts payable and accrued expenses . 18 18 8.333 8.333 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 22.479 25 82.409 Other liabilities Complete Part X of Schedule D 26 340,730 26 719,110 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 2.194.483 27 2,163,623 Unrestricted net assets Temporarily restricted net assets 1,969,020 28 1,942,487 28 Fund 8,714,125 29 8,858,824 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 12,851,095 33 12,991,467 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 13.191.825 13,710,577

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4.8	377,72
2	Total expenses (must equal Part IX, column (A), line 25)	2			791,009
3	Revenue less expenses Subtract line 2 from line 1	3			86,71
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,8	351,09
5	Other changes in net assets or fund balances (explain in Schedule O)	5			53,65
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		12,9	91,46
Par	The triangular of the statements and Reporting Check if Schedule O contains a response to any question in this Part XII	•		୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	·	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3Ь		Νo

DLN: 93493083007292

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization SOROPTIMIST INTERNATIONAL OF THE

AMERICAS INC 23-2154856 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(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 organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

	under Part III. If the	<u>a organization</u>	rails to qualify u	nder the tests i	istea below, pie	ease co	mpiete i	art III.)		
	ection A. Public Support endar year (or fiscal year beginning									
Car	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,613,42	7 4,339,628	3,512,818	3,800,841	3,636,298		3,636,298		18,903,012
2	grants ") Tax revenues levied for the organization's benefit and either							0		
	paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to							0		
4	the organization without charge Total. Add lines 1 through 3	3,613,42	7 4,339,628	3,512,818	3,800,841	3	3,636,298	18,903,012		
	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							0		
6	(f) Public Support. Subtract line 5							18,903,012		
- C	from line 4 ection B. Total Support									
	endar year (or fiscal year	() 2006	(1) 2007	() 2000	(N 2000			463 T 1 1		
	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20)10	(f) Total		
7	A mounts from line 4	3,613,427	4,339,628	3,512,818	3,800,841	3	,636,298	18,903,012		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	341,224	350,431	318,196	298,601		299,825	1,608,277		
9	Net income from unrelated business activities, whether or not the business is regularly							0		
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part			12,659			28,854	41,513		
11	IV) Total support (Add lines 7									
12	through 10) Gross receipts from related activiti	les, etc (See ins	tructions)			12		20,552,802		
13	First Five Years If the Form 990 is check this box and stop here	,	•	, thırd, fourth, or fı	fth tax year as a		3) organız			
	ection C. Computation of Pul									
14	Public Support Percentage for 201	0 (line 6 column	(f) divided by line	11 column (f))		14		91 970 %		
15	Public Support Percentage for 200	9 Schedule A, Pa	irt II, line 14			15		92 010 %		
	33 1/3% support test—2010. If the and stop here. The organization qua	alıfıes as a publıc	ly supported orga	nızatıon				▶ ▼		
	33 1/3% support test—2009. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization part IV how the organization medium.	n qualifies as a p — 2010. If the org ition meets the "f	ublicly supported anization did not o facts and circumst	organization check a box on lin tances" test, chec	e 13, 16a, or 16t ck this box and st	and line	≘ 14 Explain	▶ ┌		
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organizations.	nızatıon meets th	e "facts and circu	mstances" test, c	heck this box and	d stop h e	ere.	►F		
18	supported organization Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	▶⊏ ▶⊏		

Schedule A (Form 990 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a 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 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

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

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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493083007292

OMB No 1545-0047

SCHEDULE D (Form 990)

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

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Name of the organization

Employer identification number

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate availue at end of year Aggregate value at end of year Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal contro? Yes I Dot the organization's property, subject to the organization's exclusive legal contro? Yes I Conservation fland for plantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming impermissible provise benefit II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of faind for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space Complete limes 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easements Total number of conservation easements Number of conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements more actified historic structure included in (a) 2a Number of conservation easements more actified historic structure included in (a) 2b Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Does the organization have a written policy regarding the periodic monitor	ROPTIMIST INTERNATIONAL OF THE ERICAS INC		23-2154856	
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balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **	Does each conservation easement reported on I 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requirements o	fsection	┌ Yes ┌ No
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete If the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	balance sheet, and include, if applicable, the tex	t of the footnote to the organization's fina	-	•
If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the				ilar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	If the organization elected, as permitted under S art, historical treasures, or other similar assets	FAS 116, not to report in its revenue sta held for public exhibition, education or res	tement and balance s search in furtherance	
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	historical treasures, or other similar assets held	l for public exhibition, education, or resea		•
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	(i) Revenues included in Form 990, Part VIII, In	ne 1	► \$	
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	(ii) Assets included in Form 990, Part X		► \$	
	If the organization received or held works of art,		ets for financial gain,	provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cai ire</u>	<u>easu</u>	res, or C	tne	<u>r Simila</u>	r Asse	ts (co	ontinued)
	Using the organization's accession and other items (check all that apply)	records, check any	y of th	e foll	owing th	at are	e a significa	ant u	se of its c	ollection	ו	
а	Public exhibition		d	Γ	Loan or	rexch	nange prog	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
	Provide a description of the organization's co Part XIV	llections and expla	ın how	v they	y further	the o	rganızatıor	ı's ex	cempt purp	ose in		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t								nılar	Г	Yes	Г No
Part		ements. Comple	ete ıf	the	organız	ation			es" to Fo	rm 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontrıbutı	ions c	or other ass	etsı	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	able		Γ			A mou	ınt	
c	Beginning balance						-	1c				
d	Additions during the year						 	1d				
e	Distributions during the year							1e				
f	Ending balance						 	1f				
	Did the organization include an amount on Fo	rm 990 Part V lun	2010				L		1		Yes	
	-		= ∠ 1 ′							1	1 62	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n anc	Mar	ad "Vac'	" to "	-0rm 000	Dar	t IV line	10		
Pai	Endowment Funds. Complete	(a)Current Year		Prior '			wo Years Back		Three Years		e)Four Y	ears Back
1a	Beginning of year balance	8,714,125	ι- /		,202,878	. ,	11,720,1	_			<u> </u>	
b	Contributions							\top				
c	Investment earnings or losses	144,699			-488,753		-2,517,3	14				
d	Grants or scholarships							\top				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	8,858,824		8	,714,125		9,202,8	78				
2	Provide the estimated percentage of the yea	r end balance held a										
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 100 000 %											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	sion of the organiza	ation t	:hat a	are held a	and a	dmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				٠		3a(i)		No
	(ii) related organizations					•		•		3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•				• •		•		3b		No_
4 Pari						n Da	art X line	10				
	<u>, </u>	, and Equipme			Cost or o		(b)Cost or o		(c) Accum	ulated		
_	Description of investment) Cost or o		basis (oth		deprecia		(d) Bo	ok value
	and		•	<u></u>								
	Buildings		•				2,324	,133		558,895		1,765,238
	easehold improvements		•	_								
	quipment		•					3,354		145,700		47,654
e 0	Other			1			191	1,665	1	170,381		21,284
	. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>			_						-		1,834,176

Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		of valuation
(including name of security)	(2)20011 10100	Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type		(c) Method	of valuation
	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
	0.15		
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	+	4,877,724
Total expenses (Form 990, Part IX, column (A), line 25)	2	4,791,009
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	86,715
4 Net unrealized gains (losses) on investments	4	53,657
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	53,657
Local adjustments (net) Add mies 4 0 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	140,372
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue		· · · · · · · · · · · · · · · · · · ·
Total revenue, gains, and other support per audited financial statements	1	4,931,381
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities	1	
c Recoveries of prior year grants	1	
d Other (Describe in Part XIV) 2d	1	
e Add lines 2a through 2d	2e	53,657
Subtract line 2e from line 1	3	4,877,724
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,877,724
art XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
Total expenses and losses per audited financial statements	1	4,791,009
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
Subtract line 2e from line 1	3	4,791,009
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b	1	
c Add lines 4a and 4b	4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,791,009
Part XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part V , Line 4	Part V , Line 4 Intended uses of the	Permanently restricted net assets are invested to earn income
	endowment fund	to support program projects

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As Filed Data -

DLN: 93493083007292

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

	ie of the organization ROPTIMIST INTERNATIONAL OI				Employer identi	irication number		
	ROPTIMIST INTERNATIONAL OF ERICAS INC	FIHE			23-2154856			
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered		
For grantmakers. Does the organization maintain records to substantiate the amount of the grants or								
	assistance, the grantees' elig	-	_			rd		
	the grants or assistance?					✓ Yes		
2 For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States								
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region		
	Central America and the Caribbean	0	0	Program Services	Ed , Disaster Relief	72,000		
	South America	0	0	Program Services	Health, Disaster Rel	85,300		
	North America	0	0	Program Service	Education	3,500		
	East Asia and Pacific	0	0	Program Service	Health, Education, Disaster Relief	80,089		
	Sub-total					240,889		
	b Total from continuation sheets	1	I		i l			

240,889

L	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	See Add'l Data								
	-								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

Use Part V if ad	dditional space is ne	<u>:eded.</u>					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
A ward	South America	5	29,000				
A ward	North America	6	24,000				
A ward	East Asia & Pacific	38	140,000				
Violet Richardson Award	South America	2	2,000	Check			
Violet Richardson Award	North America	2	2,000	Check	1		
Violet Richardson Award	East Asia & Pacific	8	8,000	Check	1		
Violet Richardson Award	Carıbbean & Central	1	1,000	Check	1		
Ruby Award	North America	1	5,000	Check	1		
			i		1		
			1				
			1				
			·				
			ı				
			·				
			·				
							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	⊽	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	V	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		For SIAs award programs, applicants are chosen at all levels using the same judging criteria and based upon information provided by the applicant. The awards are given to support the recipients' work or education. Follow up is done on the planned program outcomes to measure if goals or objectives of the program are being met Grants are awarded to SIA clubs to start or continue projects in their communities that improve the lives of women and girls. Clubs request grants through an application process and grants are reviewed by a task force of members of the SIA Program council. This task force determines which projects are funded and the recommended funding levels. Before receiving funds clubs sign a contract stating that they will undertake the approved projects and that any changes need to be approved by SIA. They are also responsible for filing six month or 12 month reports on the progress of their projects.

Schedule F (Form 990) 2010

Software ID: 10000105

Software Version: 2010v3.2

EIN: 23-2154856

Name: SOROPTIMIST INTERNATIONAL OF THE

AMERICAS INC

Form	990	Schedule F	- Part II - 🛚	Grants or	Entities O	utside The	United	States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
		South America	School	8,000	Check		NA	NA
		South America	Prov animals	15,300	Check		NA	NA
		South America	Health Ed	7,500	Check		NA	N A
		South America	Education	10,000	Check		NA	N A
		South America	Dis Recov	20,000	Check		NA	N A
		South America	Build School	7,500	Check		NA	NA
		South America	Bldg Imp	10,000	Check		NA	N A
		East Asia & Pac	Victim Serv	10,000	Check		NA	N A
		East Asia & Pac	Training	6,000	Check		NA	N A
		East Asia & Pac	RepairCenter	10,000	Check		NA	N A
		East Asia & Pac	Pay Dues	10,089	Check		NA	NA
		East Asia & Pac	Health Serv	8,500	Check		NA	NA
		East Asia & Pac	Education	10,000	Check		NA	NA
		East Asia & Pac	Education	10,000	Check		NA	N A
		Carıbbean & Cen	Program Serv	11,000	Check		NA	NA
		Carıbbean & Cen	Education	50,000	Check		NA	NA
		Carıbbean & Cen	Build Center	10,000	Check		NA	N A
	1	1	1		1	ı	1	1

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Schedule I

(Form 990)

DLN: 93493083007292 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Internal Revenue Service			Attach to Form 9	90			Inspection
Name of the organization						Employer identif	ication number
SOROPTIMIST INTERNATION AMERICAS INC	IAL OF THE					23-2154856	
Part I General Inforn	nation on Grants	and Assistance					
Does the organization may the selection criteria used	d to award the grants o	orassistance?		·			√ Yes ┌
2 Describe in Part IV the or					Complete of the com		
	V, line 21 for any r	eded	l more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SI-Centre County PA 3018 Fairchild Ln State College, PA 16801	25-1678643	501(c)3	7,500	0	N A	NA	Bldg Imp for a home for gırls
(2) SI-Central Solano CtyPO Box 225 Fairfield, CA 94533	01-0714556	501(c)3	6,000	0	N A	NA	PAL Program
(3) SI of Willimantic CTPO Box 485 MansfieldCenter, CT 06250	06-1483446	501(c)3	6,000	0	N A	NA	Resources for women ın HalfwayHouse
(4) SI of Vista CAPO Box 382 Vista, CA 92085	95-6072211	501(c)3	10,000	0	N A	NA	Provide survivor services
(5) SI of Novato CAPO Box 1267 Navato, CA 94948	23-7290674	501(c)3	10,000	0	NA	NA	Improvements to halfway house

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

Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the organization	answered "Yes	s" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	· · · · · ·			

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Women's Opportunity Award	66	238,000			
(2) Violet Richardson Award	15	15,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		For SIAs award programs, applicants are chosen at all levels using the same judging criteria and based upon information provided by the applicant. The awards are given to support the recipients work or education. Follow up is done on the planned program outcomes to measure if goals or objectives of the program are being met Grants are awarded to SIA clubs to start or continue projects in their communities that improve the lives of women and girls. Clubs request grants through an application process and grants are reviewed by a task force of members of the SIA Program council. This task force determines which projects are funded and the recommended funding levels. Before receiving funds clubs sign a contract stating that they will undertake the approved projects and that any changes need to be approved by SIA. They are also responsible for filing six month or 12 month reports on the progress of their projects.

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493083007292

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization
SOROPTIMIST INTERNATIONAL OF THE
AMERICAS INC

Employer identification number 23-2154856

Рa	Till Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t Compensation committee					
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutt	able presumption procedure described in Regulations	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Nına Leigh Wintz	(I) (II)	250,818				35,129	285,947	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
				1	1		•	

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC Employer identification number

23-2154856

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19		Documents are made available to the public upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	SIA pays its executive director fair market value for his/her services within the context of fiscal responsibility to the organization. Comparable compensation and benefit packages will be researched by the executive director or an outside source at the discretion of the board on an annual basis. The board will review benefits and adjustments to the range annually, using this research as a guide. A written performance evaluation of the executive director is prepared annually after seeking input from the board at a board meeting. A self evaluation prepared by the executive director is considered in the written performance evaluation. The executive compensation committee (the president, president-elect and the immediate past president) determines the increase in salary and meets with the executive director to discuss the evaluation and salary increase.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Directors, officers and employees of SIA are expected to act in a manner to put the interest of SIA before any personal benefit. Information or personal contacts gained through associations with SIA may not be used for personal profit, gain or advantages. Immediate family members of SIA employees may not be employed by, sign contracts for, or receive any financial compensation from or have business interests with SIA. From time to time, SIA circulates questionnaires about conflicts of interest to persons, including upon commencement of service on the Board or employment and at least annually thereafter. Any conflicts disclosed are investigated by the Executive Director.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11		A copy of the completed Form 990 will be provided to all board members for review prior to filing. Approval of the Form 990 will be conducted through a mail ballot or at a scheduled Board of Directors meeting.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The members of SIA are clubs Each Soroptimist club has one vote which is exercised via mail ballot. Members elect the president-elect and members of the board of directors and fund development council. The board of directors meets in person at least three times per year and may meet via teleconference if urgent business arises between meetings.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The members of SIA include 1,383 Soroptimist clubs in the US, Canada, Mexico, Central America, South America, Taiw an, Japan, Korea and Philippines