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# SCANNED NOV 1 5 2012

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

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

OMB No 1545 1150

2011

Open to Public Inspection

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Tax-exempt status (cle only one)   X   Sid(c)(X)   S	ı				requir	ed to	attach S	chedule B (Form
If the organization is not a section 59(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$56,000 A Form 990-EZ or Form 1990 return is not required flosein 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    Add lines \$6, 62, and 78, to line 91 determine gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, lile Form 990 instead of Form 990-EZ	'n				T <sub>527</sub>   990, 9	90-E2	Z, or 990	)-PF)
normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  Ladd lines \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, the form 990 instead of Form 990-EZ.  Part L. Revenue, Expenses, and Changes in Net Assets 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.  1 Centributions, gifts, grants, and smilar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or floss) from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or floss) from sale of assets other than inventory b Cross income from fundraising events (not including \$ a Gross income from gaming (attach Schedule G if greater than \$15,000) c Less direct expenses from gaming and fundraising events (and lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory pless returns and allowances b Less: cost of goods sold c Gross profit or (loss) from paining and fundraising events (add lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory pless returns and allowances b Less: cost of goods sold c Gross profit or (loss) from paining and fundraising events (add lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory pless returns and allowances b Less: cost of goods sold c Gross profit or (loss) from paining and fundraising events (add lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory pless returns and allowances b Less: cost of goods sold c Gross profit or (loss) from paining and fundraising events (add lines 6a and 6b and subtract line 6c)  10 Grants and similar ambunits paid (list i	ĸ					ation a	and its o	ross receipts are
Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total sessets (Part II, line 25, column (B) below) are \$500,000 or more, life Form 930 mislead of Form 990-EZ Part II, line 25, column (B) below) are \$500,000 or more, life Form 930 mislead of Form 990-EZ Part II. Inceres page 25, 36, 68.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II.)  Check if the organization used Schedule Q for respond to any question in this Part I  1 Contributions, grits, grants, and similar amounts received  1 Contributions grits, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Less cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundrasing events a Gross income from fundrasing events (not including \$ from fundrasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundrasing events  6 Net income or (loss) from gaming and fundrasing events  6 Net income or (loss) from gaming and fundrasing events  6 Less cost of goods sold C Gross profit or (loss) from gaming and fundrasing events  8 Less cost of goods sold C Gross profit or (loss) from gaming and fundrasing events  10 Grants and similar amount part of (loss) from gaming and fundrasing events  11 Benefits paid to or formembe@GDENUTY and septiments  12 Salaries, other compensation, and enablogue benefits  13 Profits and similar amount part of (loss) from gaming and supplications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficti) for the year (Subtract line 17 from line 9)  19 Net assets or fund balanc	••	norm	ally <b>not</b> mo	ore than \$50,000 A Form 990-EZ or Form 990 return is not required though F	orm 990-N (e-r			
### Seeson (Research Combine (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ    ** \$ 56,068.    Part I.    Revenue, Expenses, and Changes in Net Assets 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		ınstrı	uctions) Bu	ut if the organization chooses to file a return, be sure to file a complete return	ו .			
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d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Submact line 7b from line 7a)  8 Other revenue (describe in Schedule O) Total revenue. Add lines 1/2 2, 3(4/54) 6d, 7g, and 8/9  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for membe GODE Note of the payments to independent contractors 12 Salaries, other compensation, and-employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Net assets or fund balances at end of year Combine lines 18 through 20  10 Inter changes in net assets or fund balances (explain in Schedule O) 20 1. Net assets or fund balances at end of year Combine lines 18 through 20	Ĕ		of such gr	ross income and contributions exceeds \$15,000)	16,6	41.		
6b and subtract line 6c)  7a Gross sales of inventory less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 12.3 (4.75d) 6d. 7p. and 80  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for member God in the same player benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 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)  19 16,908.  10 United the same of the same of the payments of the pa		C	Less dire	ect expenses from gaming and fundraising events 6c	9,8	106.		
6b and subtract line 6c)  7a Gross sales of inventory less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 12.3 (4.75d) 6d. 7p. and 80  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for member God in the same player benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 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)  19 16,908.  10 United the same of the same of the payments of the pa		d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and				
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 12, 3 (4) 5 (6), 7g, and 8 (7)  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for member Gotton and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 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)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (explain in Schedule O) 10			6b and su	ubtract line 6c)			6 d	25,250.
c Gross profit or (loss) from sales of investion (Substact line 7b from line 7a)  8 Other revenue (describe (ib) Schedule O)  9 Total revenue, Add lines 2 2, 3 (4 /5d) 6d, 7p, and 8 (7)  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for member GODEN  12 Salaries, other compensation, and-employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 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)  19 Other changes in net assets or fund balances (explain in Schedule O)  10 Description in the second i		7 a	Gross sal	es of inventory less returns and allowances 7a	6,1	.91.		
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1 2. 3 4 5 6 6 7 p. and 8 P 9 41,856.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for member GOE 11 12 Salaries, other compensation, and-employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16,908. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,703.		b	Less cos	t of goods sold . DEG	4,4	06.		
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1 2. 3 4 5 6 6 7 p. and 8 P 9 41,856.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for member GOE 11 12 Salaries, other compensation, and-employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16,908. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,703.		c	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	1,785.
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for member GDE 11 12 Salaries, other compensation, and-employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,703.			Other reve	enue (describe (II) Schedule O) See Form 990 I	EZ, Part I, Line 8 Other I	Revenue	8	<u>1,131.</u>
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for member GDE 11 12 Salaries, other compensation, and-employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,703.		9	Total reve	enue. Add lines 2 2, 3 4 5 6 6 7 8,1 and 8 9			9	41,856.
Benefits paid to or for members GDE 12 12 12 12 12 12 12 12 12 12 12 12 12		10	Grants an	nd similar amounts paid (list in Schedule O)Q			10	
Salaries, other compensation, and-employee benefits Professional fees and other payments to independent contractors  13  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  21 24,703.		11	Benefits p	paid to or for members GDEAL			11	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16 34,062.  17 34,062.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 7,794.  19 16,908.  20 1.  21 24,703.	Ē	12	Salaries.	other compensation, and employee benefits			12	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16 34,062.  17 34,062.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 7,794.  19 16,908.  20 1.  21 24,703.	ê							
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16 34,062.  17 34,062.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 7,794.  19 16,908.  20 1.  21 24,703.	N							
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16 34,062.  17 34,062.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 7,794.  19 16,908.  20 1.  21 24,703.	E	1						
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17 34,062.  18 7,794.  19 16,908.  20 1.	\$	1	•		7 Part Line 16 Other F	vnences	<del></del>	34.062
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  18 7,794.  19 16,908.  20 1.  21 24,703.		i			LZ, / Bitt, Elle 10 Older 2	.xpc//363	-	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 16,908.  19 Other changes in net assets or fund balances (explain in Schedule O)  20 Net assets or fund balances at end of year Combine lines 18 through 20  21 24,703.	_	+						
s 21 Net assets or fund balances at end of year Combine lines 18 through 20  21  24,703.							<del> </del>	.,
s 21 Net assets or fund balances at end of year Combine lines 18 through 20  21  24,703.	N S	19	figure ren	19	16.908			
S 21 Net assets or fund balances at end of year Combine lines 18 through 20	Ť	20		· · · · · · · · · · · · · · · · · · ·				
		: 1				<b>•</b>		
	RA						1	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Par	t II Balance Sheets. (see the instance Check if the organization used Scher	tructions for Part II.)	stion in this Part II				
	Check if the organization used Sched	dule O to respond to any ques	SCOT III CIIS I CITTI	(A) E	Beginning of year	r T	(B) End of year
22	Cash, savings, and investments				16,908.		25,891.
	Land and buildings				0.	23	0.
	Other assets (describe in Schedule O)				0.	. 24	0.
	Total assets		i		16,908	. 25	25,891.
26	Total liabilities (describe in Schedule O)				0.	. 26	1,188.
	Net assets or fund balances (line 27 of c	column (B) must agree with lii	ne 21)		16,908	. 27	24,703.
Par		vice Accomplishments	(see the instrs for P	art III.)			Expenses
	Check if the organization used Sch	nedule O to respond to any qu	iestion in this Part II	l		(Requ	uired for section c)(3) and 501(c)(4)
What i	s the organization's primary exempt purpose? Ch	aritable Giving					nizations and section
Desc	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	complishments for each of its manner, describe the service	s three largest progr es provided, the num	arri ser iber of	persons		(a)(1) trusts, optional
bene	fited, and other relevant information for ea	ach program title.	<u>'</u>			tor or	hers.)
28	Soroptimist International						
	scholarships for local st						
	awards and other womens						
		is amount includes foreign gra			<b>_</b>	28 a	4,000.
29	Soroptimist International						
	many Local charities, and	<u>d national childre</u>	ns charities				
	(0)					29 a	16 000
20		is amount includes foreign gra		ee: -	-	29 a	16,900.
30	Soroptimist International and delegates to district						
	conventions to network with other						
				deran	in Craining	30 a	325.
21	(Grants \$ 0.) If the Other program services (describe in Sche	is amount includes foreign gra	arits, check here	- :		30 a	343.
31	, ,	edule ()) is amount includes foreign gra	ante chaek hara		▶ □	31 a	
22	(Grants \$ ) If th  Total program service expenses (add In		ants, check here		<u> </u>	32	21,225.
Par			Novees List each on	a avan if			
ı aı	Check if the organization used Sch				i not compensated (	,300 til	c matractions for rare iv
	onon war or garned a con-	(b) Title and average	(c) Reportable compensa	ition	(d) Health benefits		(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W 2/1099-MISC (If not paid, enter -0-		ontributions to empl		other compensation
			<b>(*******</b>	*	benefit plans, and deferred compensat		
Hel	ene Koseff						
463	2 Pleasant Mills Road	President					
Swe	etwater NJ 08037	2.00		0.		0.	0.
Jer	i Riffle						
5 Y	oke Ct	Vice Prsident					
Bar	negat NJ 08005	1.00		0.		0.	0.
	nie Layer Keefe						
		Recording Secretary		Ì			
		1.00		0.		0.	0.
	1 Brenner						
	Railroad Ave	Treasurer				_	
Lit	tle Egg Harbor NJ08087	2.00		0.	<del></del>	0.	0.
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	<del></del>			1			
							<u> </u>

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement req the instructions for Part V ) Check if the organization used Schedule O to respond to any	uirements in			
				Yes	No
33	each activity in Schedule O		33		x
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		<u>x</u>
	a Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?		35 a		x
	<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an ex		35 b	_	
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		<u>x</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of year? If 'Yes,' complete applicable parts of Schedule N	1	36		x
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37a 0	37 b		x
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key el any such loans made in a prior year and still outstanding at the end of the tax year covered by	mployee <b>or</b> were this return?	38 a		x
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations Enter	<del>,</del>			ļ
	a Initiation fees and capital contributions included on line 9	39 a	_		ĺ
	<b>b</b> Gross receipts, included on line 9, for public use of club facilities .	39 b			
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the y section 4911 ► , section 4912 ►, section 4955				
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495		-		
	transaction during the year or did it engage in an excess benefit transaction in a prior year that on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	t has not been reported	40 b		х
	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	<b>-</b>			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	•			
	e All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	tax	40 e		x
	e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	tax	40 e		x
41	e All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	Telephone no ► <u>(609</u> <b>NJ</b> ZIP + 4 ► 0800	)_494	-118 Yes	
41	e All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  New Jersey  a The organization's books are in care of  Helene Koseff  Located at  368 West 9th Street  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin	Telephone no ► (609 NJ ZIP + 4 ► 0800 to other authority over a ancial account)?	) <u>4</u> 94 8		81
41	e All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  New Jersey  a The organization's books are in care of  Helene Koseff  Located at  368 West 9th Street  Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final C At any time during the calendar year, did the organization maintain an office outside of the U S	Telephone no ► (609 NJ ZIP + 4 ► 0800 tother authority over a ancial account)?	494 8 42b		No X
41 42 43	e All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  New Jersey  a The organization's books are in care of  Helene Koseff  Located at  368 West 9th Street  Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final 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:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che	Telephone no ► (609  NJ ZIP + 4 ► 0800  other authority over a ancial account)?  color other authority over a ancial account.	494 8 42b	Yes	No x
41 42 43	e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled  New Jersey  a The organization's books are in care of  Helene Koseff  Located at  368 West 9th Street  Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts the calendar year, did the organization maintain an office outside of the U.S. If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che 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 mu	Telephone no ► (609  NJ ZIP + 4 ► 0800  rother authority over a ancial account)?  micial Accounts.  3 ?  eck here  ► 43	494 8 42b 42c	Yes	No X
41 42 43	e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  New Jersey  a The organization's books are in care of  Helene Koseff  Located at  368 West 9th Street  Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final C At any time during the calendar year, did the organization maintain an office outside of the U S if 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mu of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990	Telephone no ► (609  NJ ZIP + 4 ► 0800  rother authority over a ancial account)?  micial Accounts.  3 ?  eck here  ► 43	494 8 42b 42c	Yes	No X
41 42 43	e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed   New Jersey  a The organization's books are in care of   Helene Koseff  Located at   368 West 9th Street  Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other find if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the US if 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mu of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ	Telephone no (609  NJ ZIP + 4 > 0800  rother authority over a ancial account)?  Incial Accounts.  2 2  Eck here  43    st be completed instead  must be completed	494 8 42b 42c 42c	Yes	No x  No x
41 42 43	e All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  New Jersey  a The organization's books are in care of  Helene Koseff  Located at  368 West 9th Street  Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final C At any time during the calendar year, did the organization maintain an office outside of the U S if 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mu of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' profits of the services and the payments? If 'No,' profits of the services and the payments? If 'No,' profits and the organization form 990-EZ  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' profits and the payments? If 'No,' profits and the profits and the payments? If 'No,' profits and the payments?	Telephone no  (609  NJ ZIP + 4  0800  rother authority over a ancial account)?  cical Accounts.  2  2  43	494 8 42b 42c 42c	Yes	No x  No x
41 42 43 44	e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed   New Jersey  a The organization's books are in care of   Helene Koseff  Located at   368 West 9th Street  Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finar c At any time during the calendar year, did the organization maintain an office outside of the U S if 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mu of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' proceedings of the organization have a controlled entity of the organization within the meaning of section	Telephone no (609  NJ ZIP + 4 > 0800  rother authority over a ancial account)?  Incial Accounts.  2 2  Eck here  A3    St be completed instead must be completed instead account account account account account accounts.	494 8 42b 42c 42c 44a 44b 44c 44d 45a	Yes	No x  No x  X  X
41 42 43 44	e All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed ▶ New Jersey  a The organization's books are in care of ▶ Helene Koseff  Located at ▶ 368 West 9th Street Ship Bottom  b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin if 'Yes,' enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial C At any time during the calendar year, did the organization maintain an office outside of the U S if 'Yes,' enter the name of the foreign country. ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mu of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year? If 'No,' pro Schedule O	Telephone no  (609  NJ ZIP + 4  0800  other authority over a ancial account)?  cock here  ket here  43    st be completed instead must be completed  ovide an explanation in  512(b)(13)? of section 512(b)(13)? If 'Yes,'	494 8 42b 42c 42c	Yes	No x  No x  X  X  X

								Yes	NO
46	Did th	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete	tly, in political campaig Schedule C. Part I	ın actıvıtıes o	n behalf of	or in opposition to	46	<u> </u>	x
Par		Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	s and section 4947	nexempt of	:harıtable	haritable trusts or trusts must answe	<b>nly.</b> All see er question	ction	
		Check if the organization used Schedule							Д
47	Did th	ne organization engage in lobbying activiti	les or have a section 50	)1(h) election	ın effect dı	iring the tax year? If 'Y	'es'	Yes	No
4/	compl	lete Schedule C, Part II					47		X
48		organization a school as described in se				lle E	48 49 a	х	X
		ne organization make any transfers to an s,' was the related organization a section	•	reialeu orgai	iizalioi1:		49 b		х
	Comp	olete this table for the organization's five l byees) who each received more than \$100	nighest compensated er	mployees (ot from the orga	her than offi anization. If	cers, directors, trustee there is none, enter 'N	s and key one '		
	(	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable (Forms W-2	compensation (1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
Non	ie							_	
	<u>-</u>						-		
				-					
							<del> </del>		
				-					
						*** * ***			
				]					
		number of other employees paid over \$1 plete this table for the organization's five l		donondant o	ontractors w	the each recovered more	s than \$100	100 of	
٦I 	comp	ensation from the organization. If there is	none, enter 'None '				Ţ÷-		
	(a) N	lame and address of each independent contractor paid	I more than \$100,000		( <b>b)</b> Type (	of service	(c) Com	pensatio	n 
Non							1 .		
	<del></del>			-					
				-					
				-					
				-					
				-					
				-					
				-					
		number of other independent contractors	each receiving over \$1						
	Total	number of other independent contractors ne organization complete Schedule A? <b>No</b> lable trusts must attach a completed Sch	ote: All section 501(c)(3		ns and 4947	<b>▶</b> 7(a)(1) nonexempt	► X Ye		
52	Total Did th	ne organization complete Schedule A? <b>No</b> lable trusts must attach a completed Sch	ote: All section 501(c)(3 edule A	3) organizatio		<del> </del>		5	No
52	Total Did th	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office	ote: All section 501(c)(3 edule A	3) organizatio		<del> </del>	elief, it is	5	No
52 Under true, c	Total  Did th  charit  penaltier  correct, an	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office Signature of officer	ote: All section 501(c)(3 edule A	3) organizatio		e best of my knowledge and be	elief, it is	5 [	No
<b>52</b> Under true, c	Total  Did th  charit  penaltier  correct, an	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office	ote: All section 501(c)(3 edule A	3) organizatio		e best of my knowledge and beedge	elief, it is	5	No
52 Under true, c	Total  Did th  charit  penaltier  correct, an	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office Signature of officer	ote: All section 501(c)(3 edule A	3) organizatio		e best of my knowledge and beedge  102 V-12  Date	elief, it is	5	No
Under true, c	e Total Did th charit penaltier correct, an	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office Signature of officer  Type or print name and title  Print/Type preparer's name  Linda A Muniak	ote: All section 501(c)(3 edule A , including accompanying sche er) is based on all information  Preparer's signature  Linda A Munia	s) organization organization of which prepare	nents, and to the	be best of my knowledge and be edge    10 -2 4 - 1 -2	elief, it is		No
Sign Hero	e Total Did th charit r penaliter correct, an	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office Signature of officer  Type or print name and title  Print/Type preparer's name  Linda A Muniak  Firm's name Muniak & Muniak	pte: All section 501(c)(3 edule A , including accompanying scheer) is based on all information  Preparer's signature  Linda A Munia	s) organization organization of which prepare	nents, and to the r has any knowl	best of my knowledge and beedge    10 2 1 - 12	PTIN		No
Under true, c	e Total Did th charit r penaliter correct, an	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office Signature of officer  Type or print name and title  Print/Type preparer's name  Linda A Muniak  Firm's name Muniak & Muniak  Firm's address Muniak & Muniak  Firm's address Muniak & Muniak	pte: All section 501(c)(3 edule A , including accompanying scheer) is based on all information  Preparer's signature  Linda A Munia	s) organization of which prepare	Date	Date    Check   if	PTIN p0029402	18	
Sign Hero Paid Prep Use	Total Did th charit penalties correct, and re	ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return nd complete Declaration of preparer (other than office Signature of officer  Type or print name and title  Print/Type preparer's name  Linda A Muniak  Firm's name Muniak & Muniak	pte: All section 501(c)(3 edule A , including accompanying sche er) is based on all information.  Preparer's signature  Linda A Munia	s) organization of which prepare	nents, and to the r has any knowl	Date    Check   if	PTIN	18 1383 424	

22-6064039

Page 4

Form 990-EZ (2011) Soroptimist International of LBI

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545 0047 **2011** 

Open to Public Inspection

Employer identification number Name of the organization 22-6064039 Soroptimist International of LBI 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(bX1XAXv). 6 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) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts Х 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 II Type III — Functionally integrated Type III - Other Type I 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 If the organization received a written determination from the IRS that 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? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (iv) Is the organization in column (i) listed in (II) EIN (III) Type of organization (described on lines 1-9 above or IRC section (vii) Amount of support (i) Name of supported organization (vi) Is the organization in column (i) organized in the (see instructions)) your governing document? Yes Yes Yes (A) (B) (C) (D) (E) **Total** 

22-6064039

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						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
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	<b>Public support.</b> Subtract line 5 from line 4				ь, 1		
Sec	tion B. Total Support			,			<u> </u>
	ndar year (or fiscal year nning in) ▶	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(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				3		
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	<u></u>
13	organization, check this box and	stop here	<u> </u>	d, third, fourth, or	fifth tax year as a	section 501(c)(3	8) ▶ □
Sec	tion C. Computation of Pu						<del></del>
14	Public support percentage for 20	•	``	e 11, column (f))		14	
15	Public support percentage from 2	,	,		•	. 15	
16 a	33-1/3% support test – 2011. If t and stop here. The organization				the line 14 is 33-	1/3% or more, c	heck this box
t	33-1/3% support test — 2010. If t and stop here. The organization				, and line 15 is 33	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ai	nd-circumstances'	' test, check this b	ox and stop here.	Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-aid-circumstances' to	nd-circumstances est The organizat	test, check this b tion qualifies as a	ox and stop here. publicly supported	Explain in Part d organization	IV how the ▶
18	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a, (			
BAA					Sc	chedule A (Form	990 or 990-EZ) 2011

### 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 lis	sted below, please	complete Part II.)	- <del></del>			
Sec	tion A. Public Support						<u> </u>
	dar year (or fiscal yr beginning in)►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	6,197.	7,086.	8,154.	10,472.	13,686.	45,595.
	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	21,087.	17,483.	23,939.	24,734.	41,250.	128,493.
	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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	27,284.	24,569.	32,093.	35,206.	54,936.	174,088.
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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)				ı).		174,088.
<u>Sec</u>	tion B. Total Support						<del>"</del>
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
-	Amounts from line 6	27,284.	24,569.	32,093.	35,206.	54,936.	174,088.
	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	9.	247.	28.	10.	4.	298.
	acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	9.	247.	28.	10.	4.	298.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)	27,293.	24,816.	32,121.	35,216.	54,940.	174,386.
14	First five years. If the Form 990 organization, check this box and	s for the organizat stop here					
	tion C. Computation of Pul						
15	Public support percentage for 20	•	•	13, column (f))		15	99.83 %
16	Public support percentage from 2					16	99.78 %
	tion D. Computation of Inv			-		<del></del>	<del></del>
	Investment income percentage for			-	n (f))	17	0.17 %
	Investment income percentage fr					18	0.22 %
	33-1/3% support tests – 2011. 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>
	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organi	1/3%, and zation
_20_	Private foundation. If the organiz	ation did not chec	k a box on line 14	, 19a, or 19b, che	eck this box and se	e instructions	

Schedule A	(Form 990 or 990-EZ) 2011	Soroptimist	Internation	nal of LBI	22-6064039	Page <b>4</b>
Part IV	Supplemental Informat Part II, line 17a or 17b; (See instructions).	i <b>on.</b> Complete th and Part III, line	is part to provi 12. Also comp	de the explanat plete this part fo	ons required by Part II, r any additional informa	line 10; tion.
				<b>-</b>		
		- <b></b>		<del></del> -		
			<b></b> -			
				<b>-</b>		
						<b></b>
				·		

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service	or 19, o	r if the organiza Attach to Form	ation entei 1 990 or Fo	rea more t orm 990-E	nan \$15,000 or Z. ► See sepa	rate instru	ctions.	Inspection
Name of the organization								ification number
Soroptimist In	ternational	l of LBI					22-6064	039
Part I Fundraising	Activities. Complete filers are not required.	ete if the organ uired to comple	ization and	swered 'Ye rt.	es' to Form 990	Part IV, II	ne 17.	
1 Indicate whether t				-	wing activities	Check all t	hat apply	
a Mail solicitation	ons			е		1	vernment grants	
	email solicitations			f		_	ment grants	
c Phone solicità In-person soli				g	Special ful	draising ev	verns	
2a Did the organizati employees listed	on have a written	or oral agreem VII) or entity in	nent with a	iny individi on with pro	ual (including o ofessional fundi	fficers, dire	ctors, trustees or l	⟨ey Yes
<b>b</b> If 'Yes,' list the te compensated at le	n highest paid ind east \$5,000 by the	ividuals or enti e organization	ties (fundr	aisers) pu	rsuant to agree	ments und	er which the fundra	
(i) Name and address or entity (fund		(ii) Activity		fundraiser dy or control	(iv) Gross re from acti		(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or orming (rain	araios.)			ibutions?			fundraiser listed in column (i)	n organization
	·		Yes	No			Columnity	
1								
2								
3								
4			}					
5								
6								
7								
8	-							
9								
10								
Total			•	•				
	which the organiza	ition is registere	ed or licen	sed to soli	cit contribution	s or has be	en notified it is ex	empt from registration
						- <b>-</b>		
							· <b></b>	
							<del>-</del>	
							· <b></b>	- <b></b>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (b) Event #2 (c) Other events (a) Event #1 (add column (a) Wine Social through column (c) (event type) (total number) (event type) 16,570. 16,570. 1 Gross receipts 2 Less Charitable contributions 16,570. 16,570. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8,281. 8,281. EXPENSES 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 8,281. 11 Net income summary Combine line 3, column (d), and line 10 8,289. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming bingo/progressive (add column (a) bingo through column (c) 18,415. 18,415. 1 Gross revenue 2 Cash prizes 1,525. 1,525. DIRECT 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 1,525. 8 Net gaming income summary Combine lines 1, column (d) and line 7 16,890. 9 Enter the state(s) in which the organization operates gaming activities New Jersey a is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No **b** If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2011 Soroptimist International of LBI 22-60	64039	Page 3
11		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	X No
-12	Industry the reventence of gamena activity apprected in	1	
	Indicate the percentage of gaming activity operated in:  The organization's facility	ا	<b>9</b> .
	2 The organization of teeming	_	<del></del> 8
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and record	<u> </u>	
14	Effect the findine and address of the person who prepares the organizations garning/special events books and record	3	
	Name •		<b>-</b>
	Address		<b>-</b>
15 :	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	Yes	No
	of If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the am	_	
_	of gaming revenue retained by the third party > \$		
	c If 'Yes,' enter name and address of the third party:		
	, , <del></del>		
	Name •		
	Address ►		i
16	Gaming manager information:		
	Name •	. <b>-</b>	
	Gaming manager compensation ► \$		
	Description of services provided	- <b></b> -	
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne	
Das	organization's own exempt activities during the tax year > \$ IN Supplemental Information. Complete this part to provide the explanations required by	Part Lline	2h
<u>[Fai</u>	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable this part to provide any additional information (see instructions).	. Also comp	olete

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 22-6064039 Soroptimist International of LBI

Total

Schedule O (Form 990 or 990-EZ), Supplemental Information Form 990-EZ, Part I, Line 8 Other Revenue	to Form 990 or 990-EZ	
Other revenue (describe in Schedule O)		
General Fund Income: Club Affairs	617.	
General Fund Income:Pin Fines - 50/50	240.	
Special Projects Receipts: Miscellaneous	274.	
Total	1,131.	
Schedule O (Form 990 or 990-EZ), Supplemental Information Form 990-EZ, Part I, Line 16 Other Expenses  Other expenses (describe in Schedule O)	to Form 990 or 990-EZ	
General Fund Expense: Federation Dues	3,328.	
General Fund Expense: Meeting Expense	7,130.	
General Fund Expense:Regional Dues	693.	
Charities Registration Fee	60.	
General Fund Expense Promotion	1,048.	
Donations	16,900.	
Scholarships	4,000.	
Conferences	325.	
Licenses & Permits	120.	
Office Expenses	12.	
Postage	91.	
Printing	130.	
Insurance	225.	
	<del></del>	

34,062.