

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www irs qov/form990

Open to Public Inspection

2013 and ending 30. 2014 For the 2013 calendar year, or tax year beginning JUL 1 D Employer identification number Check if applicable C Name of organization X Address change SOROPTIMIST INTERNATIONAL OF 68-0106726 GREATER SACRAMENTO Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 916-712-4319 1901 FINE GOLD CT Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 3899 CA 95670 Number > GOLD RIVER Accrual H Check X if the organization is not X Cash Other (specify) Accounting Method: Website: ▶ WWW.SACRAMENTOSOROPTIMISTS.ORG required to attach Schedule B 501(c) (Tax-exempt status (check only one) _ X 501(c)(3)) ◀(insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) Form of organization X Corporation ____ Trust ___ Association Other Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 24,368. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 15,241 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 3 6,775. 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory SCANNED MAR 0 3 2015 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 7.926 • of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 2,352 6b gross income and contributions exceeds \$15,000) 2.352 6с c Less direct expenses from gaming and fundraising events 0. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 22,016. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7, SEE SCHEDULE 11.939 10 Grants and similar amounts paid (list in Sch 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee b 13 Professional fees and other payments to independent contractors 13 526. 14 14 Occupancy, rent, utilities, and maintenance 403. 15 15 Printing, publications, postage, and shipping SEE SCHEDULE O 9,060. 16 Other expenses (describe in Schedule O) 21,928. 17 17 Total expenses. Add lines 10 through 16 88. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 77.124. 19 (must agree with end-of-year figure reported on prior year's return) С. 20 20 Other changes in net assets or fund balances (explain in Schedule O) 77,212 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2013 LHA For Paperwork Reduction Act Notice, see the separate instructions.

332 17 1 1 1-25-13

Page 2

GREATER SACRAMENTO

Part II Balance Sheets (see the instructions for Part II)

•	 Check if the organization used Schedule O to resp 	ond to any ques	stion in this Part II			
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		77,124	• 22		77,212.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		77,124	• 25		77,212.
26	Total liabilities (describe in Schedule 0)		0	• 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		77,124	• 27	1	77,212.
Pa	art III Statement of Program Service Accomplishmen	nts (see the instr	uctions for Part III)		Ex	penses
	Check if the organization used Schedule O to resp	ond to any ques	stion in this Part III	X		for section
Wha	it is the organization's primary exempt purpose?SEE SCHEDULE O		•			and 501(c)(4) ons and section
	tribe the organization's program service accomplishments for each of its three largest program		openses in a clear and concise		4947(a)(1) trusts, optional
	ner describe the services provided, the number of persons benefited, and other relevant inform		,		for others)
28	SEE SCHEDULE O					·
	(Grants \$) If this amount includes foreign of	rants check here		\top	28a	7,279.
29	SEE SCHEDULE O	,				·
		 .			1	
	(Grants \$ 8,500 •) If this amount includes foreign of	rante chack here		T^{-}	29a	10,175.
30	Grants 4 9 9 9 9 9 1 It this amount includes loreign c	grants check here				
30			**			
					1	
	/Crente \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	arante, chack hara		T	_{30a}	
21	(Grants \$) If this amount includes foreign c	grants, check here			1004	
31	Other program services (describe in Schedule O)	reate about here	_		31a	
22	(Grants \$) If this amount includes foreign of	rants, check here			32	17,454.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mplovees (list each	one even if not compensated -	see th		
<u> </u>		-		366 (1)	e manuchoris i	OI 1 20 11 14 /
	Chock if the organization used Schedule O to resi	nand to any augo	etion in this Part IV			il
	Check if the organization used Schedule O to res	T		(d) н	ealth henefits	(a) Fetimated
		(b) Average hour	S (C) Reportable compensation (Forms	con	ealth benefits,	(e) Estimated
	Check if the organization used Schedule O to res (a) Name and title	T	S (C) Reportable	con emp plans	tributions to loyee benefit , and deferred	(e) Estimated amount of other compensation
M 7	. (a) Name and title	(b) Average hours per week devoted	(C) Reportable compensation (Forms W-2/1099-MISC)	con emp plans	tributions to loyee benefit	amount of other
_	(a) Name and title ARILYN GOODFELLOW	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans	tributions to loyee benefit , and deferred mpensation	amount of other compensation
PF	(a) Name and title ARILYN GOODFELLOW RESIDENT	(b) Average hours per week devoted	(C) Reportable compensation (Forms W-2/1099-MISC)	con emp plans	tributions to loyee benefit , and deferred	amount of other compensation
PF	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans	tributions to loyee benefit, and deferred impensation	amount of other compensation
PF SU PF	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans	tributions to loyee benefit , and deferred mpensation	amount of other compensation
PF SU PF SZ	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON	(b) Average hour per week devoted position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to lovee benefit , and deferred mpensation	amount of other compensation 0.
PF SU PF SZ VI	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to loyee benefit, and deferred impensation	amount of other compensation 0.
PF SI PF SZ VE	(a) Name and title ARILYN GOODFELLOW RESIDENT USAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS	(b) Average hour per week devoted position 10.00 4.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to loyee benefit , and deferred mpensation 0 .	amount of other compensation 0. 0.
PF SU PF SZ VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS	(b) Average hour per week devoted position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to lovee benefit , and deferred mpensation	amount of other compensation 0.
PF SZ VE VE VE VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS DRI EDWARDS	(b) Average hour per week devoted position 10.00 4.00 6.00 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to loyee benefit , and deferred mpensation 0 . 0 .	amount of other compensation 0. 0. 0.
PF SC PF SZ VE VE VE VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP	(b) Average hour per week devoted position 10.00 4.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to loyee benefit , and deferred mpensation 0 .	amount of other compensation 0. 0.
PF SZ VE VE VE VE VE VE VE VE VE VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT USAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP ATHY STASSI	(b) Average hour per week devoted position 10.00 4.00 6.00 8.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to loyee benefit over benefit, and deferred mpensation 0 • 0 • 0 •	amount of other compensation 0. 0. 0. 0.
PF SZ VE VE VE VE VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT USAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS	(b) Average hour per week devoted position 10.00 4.00 6.00 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to loyee benefit , and deferred mpensation 0 . 0 .	amount of other compensation 0. 0. 0.
PF SU PF VE CU VE LC VE VE VE VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT USAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to looke benefit and deferred mpensation 0 • 0 • 0 • 0 •	amount of other compensation 0. 0. 0. 0. 0. 0.
PF SU PF SA VII CA VII VII VII VII VII VII VII VII	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS	(b) Average hour per week devoted position 10.00 4.00 6.00 8.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to loyee benefit over benefit, and deferred mpensation 0 • 0 • 0 •	amount of other compensation 0. 0. 0. 0.
PF SU PF SE VI VI VI VI VI VI VI VI VI VI	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS DRI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit and deferred mpensation 0. 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0. 0.
PF SU PF SP VI VI VI VI VI VI VI VI VI VI VI VI VI	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS DRI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	con emp plans cor	tributions to looke benefit and deferred mpensation 0 • 0 • 0 • 0 •	amount of other compensation 0. 0. 0. 0. 0. 0.
PF SU PF SP VE VE VE VE VE VE VE VE VE VE VE VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit , and deferred npensation 0 . 0 . 0 . 0 . 0 .	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PF SU PF VE VE VE VE VE VE VE VE VE VE VE VE VE	ARILYN GOODFELLOW RESIDENT USAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY FEPHANIE PAIA REASURER	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit and deferred mpensation 0. 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PF SU PF SP VE VE VE VE VE VE VE VE VE VE VE VE VE	(a) Name and title ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS ORI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY TEPHANIE PAIA REASURER WITHIA HENNESEY	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit in one of the content o	amount of other compensation O. O. O. O. O. O. O. O. O. O
PF SU PF SA VE VE VE VE VE VE VE VE VE VE VE VE VE	ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS PRI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY FEPHANIE PAIA REASURER WITHIA HENNESEY LRECTOR	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit , and deferred npensation 0 . 0 . 0 . 0 . 0 .	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PF SU PF SU VI VI VI VI VI VI VI VI VI VI VI VI VI	ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS DRI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY FEPHANIE PAIA REASURER WITHIA HENNESEY LIRECTOR ANET GARLAND	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit cover benefit and deferred mpensation O . O . O . O . O . O . O .	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PF SU PF SZ VE VE VE VE VE VE VE VE VE VE VE VE VE	ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS DRI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY TEPHANIE PAIA REASURER WITHIA HENNESEY LIRECTOR ANET GARLAND LIRECTOR	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit in one of the content o	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PF SZ VE VE VE VE VE VE VE VE VE VE VE VE VE	ARILYN GOODFELLOW RESIDENT JSAN GOWER RESIDENT-ELECT ALLY JOHNSON P SERVICE AROLYN WALTERS P PROGRAMS DRI EDWARDS P MEMBERSHIP ATHY STASSI P WAYS AND MEANS AULA MAW P COMMUNICATIONS EAN FOSTER ECRETARY FEPHANIE PAIA REASURER WITHIA HENNESEY LIRECTOR ANET GARLAND	(b) Average hour- per week devoted position 10.00 4.00 6.00 8.00 4.00 4.00 4.00 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	con emp plans cor	tributions to loyee benefit cover benefit and deferred mpensation O . O . O . O . O . O . O .	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

Form 990-EZ (2013) Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported 35a X on lines 2, 6a, and 7a, among others)? 35b N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax 35c X requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 Х 36 complete applicable parts of Schedule N 0. 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Х 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the tax year covered by this return? 38a 38b N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter 39a N/A a Initiation fees and capital contributions included on line 9 N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under **0** • , section 4912 ▶ 0 • , section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? Х 40b If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > CA Telephone no ▶ 916-712-4319 42a The organization's books are in care of ▶ JEAN FOSTER ZIP+4 ► 95670 Located at ▶ 1901 FINE GOLD CT, GOLD RIVER, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Х account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c Х 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. 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here N/A 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ 44c 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," provide an explanation 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2013) Form 990-EZ (2013)

68-010672	6	
-----------	---	--

Page 4

							Yes	No
	ganization engage, directly or indirectly, in politica	ał campaign activities on	behalf of or in opposition	on to candidates for pu	iblic office?	46		х
	omplete Schedule C, Part I Section 501(c)(3) organizations or	nly				40_		<u> </u>
	All section 501(c)(3) organizations must ansi		and 52 and comple	to the tables for line	s 50 and 51			
	Check if the organization used Schedule Of			te the tables for line	3 30 410 31			
	Check if the organization used Schedule O	to respond to any que	Stion in this rate vi	• ::			Yes	No
7 Did the or	ganization engage in lobbying activities or have a	section 501(h) election i	n effect during the tax v	ear? If "Yes " complete	Sch G Part II	47	-:	X
	anization a school as described in section 170(b)(ou. Il voo, complete	- Son S,	48		X
	ganization make any transfers to an exempt non-					49a		X
	as the related organization a section 527 organization		anon			49b		
	this table for the organization's five highest comp		er than officers, directo	rs trustees and key en	L nolovees) who ea		eived	more
	0,000 of compensation from the organization. If the			,				
man w roc	(a) Name and title of each employee	lore is mone; onter mone	(b) Average hours	(C) Reportable	(d) Health benefits	(e) Estin	nated
	(a) Name and the or each employee		per week devoted to	compensation (Forms	contributions to employee benefit			other
	NONE		position	W-2/1099-MISC)	plans, and deferred compensation	CO	mpens	ation
	HONE			 	compensation	╅─		
					 	+		
				 -		 -		
				+	<u> </u>	 		
				1				•
						—		
				}				
				<u></u>		Л.—		
	nber of other employees paid over \$100,000		<u> </u>					
	this table for the organization's five highest comp		ntractors who each rec	eived more than \$100,	000 of compensa	tion fi	om th	е
	ion If there is none, enter "None." NONE							
(a) N	ame and business address of each independent of	contractor	(1) Type of service	(c) C	ompe	ensatio	n
			-u					
					İ			
-								
d Total nun	nber of other independent contractors each receiv	/ing over \$100,000						
52 Did the o	rganization complete Schedule A? Note. All section	on 501(c)(3) organization	ns and 4947(a)(1) none	xempt				
charitable	e trusts must attach a completed Schedule A				▶ 🖸	\ Y	es [No
Unger penaities of pre	r perpury, interpret man make examined this return, including parer (other their pricer) is based on all in organization of which	ing accompanying schedules ch preparer has any knowled	and statements and to the	best of my knowledge and	beller, it is true, cor	ect, a	na com	siete
		<u> </u>			1313	TS		
Sign	Signature of officer	:		~	Date			
Here	1 RM B. Fister	Secret	1 N J					
	Type of print name and title	300.01	w			_		
	Print/Type preparer's name P	Preparer's signature	Date	Check	if PTIN			
		, .		self- emplo	oyed			
Paid								
Preparer	Firm's name			Fırm's Ell				
Use Only	Firm's name	· 						
	Firm's address			Phone no				_
						T	 -	
May the IRS di	scuss this return with the preparer shown above?	See instructions					es L	No
					F	orm !	990-E	Z (2013)

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.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SOROPTIMIST INTERNATIONAL OF

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

GREATER SACRAMENTO

Employer identification number 68-0106726

he organi	panization is not a private foundation because it is (For lines 1 through 11, check only one box)											
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school desc	ribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E)								
з 🔲	A hospital or a	a cooperative hospit	tal service organization o	lescribed i	n section	170(b)(1)(A)(iii).					
4			operated in conjunction v					(b)(1)(A)(iii	i). Enter t	he hospital	's nam	ne,
	city, and state	_	•							·		
5 🔲	An organization	on operated for the l	benefit of a college or un	iversity ow	ned or op	erated by	a governr	mental uni	t describe	ed in		
	section 170(b)(1)(A)(iv). (Comple	ete Part II)									•
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b	o)(1)(A)(vi). (Comple	te Part II)									
в 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 X	An organization	on that normally rec	eives (1) more than 33 1	/3% of its	support fr	om contril	butions, m	nembershij	p fees, ar	nd gross red	ceipts	from
	_	-	nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			•		·					
10 🔲			perated exclusively to tes	st for publi	c safety S	ee sectio	n 509(a)(4	l).				
11	_		perated exclusively for th						y out the	purposes c	of one	or
	-	-	ations described in section									
			organization and comple					-				
	a Type I			/pe III - Fur			d	ı 🔲 тур	e III - Nor	n-functional	y inte	grated
е 🗀		this box I certify that	at the organization is not	•				r more disc	qualified i	persons oth	er tha	เก
			han one or more publicly									
f		_	ten determination from t								. , ,	
•	J	ganization, check th		•	, ,	, . , , , , , , , ,	, , , ,					
α .	., .	•	organization accepted an	ny aift or co	ontribution	from any	of the follo	owing pers	sons?			
9			rectly controls, either ale								Yes	No
			upported organization?	5.15 G. 10g.		p 0 / 0 0 / 0		() == (,	11g(i)		<u> </u>
	•	· ,	n described in (i) above?							11g(ii)		\vdash
		•	person described in (i) o		.?					11g(iii)		$\overline{}$
h		-	about the supported org							113(11)		
••	1 TOVIGO LITO II	snown ig innormation	·	gaza	.~,							
(i) Nama	of supported	(11) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is		(vii) Amount	of mo	netary
	of supported Inization	(II) CIN	(described on lines 1-9	in col (i) lis		organizat	ion in col	organization (i) organiz	JII 111 GOF 1		port	riciary
orge	11112411011		above or IRC section	governing (document?	(i) of your	r support?	Ü.S	.2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
								<u></u>	<u> </u>			
	-											
									<u> </u>			
				<u> </u>			<u> </u>					
	•											
Total		<u> </u>				<u> </u>		<u> </u>	<u></u> _l			
			Al I A					Cabadul	a A /Fam	000 00	EZI	2012

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 GREATER SACRAMENTO 68-0106726 Page 2 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	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received (Do not						•
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
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)				<u> </u>		
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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			<u> </u>			
9	Net income from unrelated business		1				
	activities, whether or not the						
	business is regularly carried on					ļ	
10	Other income Do not include gain						
	or loss from the sale of capital		1				
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					<u></u>	
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
<u> </u>	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	ercentage			1 1	
	Public support percentage for 2013 (I		•	column (f))		14	<u>%</u>
	Public support percentage from 2012					15	<u>%</u>
16a	33 1/3% support test - 2013. If the c	_			e 14 is 33 1/3% or i	more, check this be	ox and
	stop here. The organization qualifies				45 00 4/00		
t	33 1/3% support test - 2012. If the c	=			d line 15 is 33 1/39	% or more, check t	nis box
	and stop here. The organization qual				- 10 10 10-		>
178	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·	='				
	and if the organization meets the "fac					art iv now the orgai	nization
	meets the "facts-and-circumstances"	-			-	47	100/ ==
t	10% -facts-and-circumstances tes		=				
	more, and if the organization meets the						.
40	organization meets the "facts-and-circ		_				
18	Private foundation. If the organization	in did not check a	LDUX OIT IIITE 13, 11	oa, 100, 17a, 01 17		edule A (Form 990	
					J.,,		

Schedule A (Form 990 or 990-EZ) 2013 GREATER SACRAMENTO

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

_	(Complete only if you checked			ganization failed to	qualify under Par	rt II If the organiza	ition fails to
500	qualify under the tests listed be	elow, please comp	lete Part II)				
	ction A. Public Support		#12000	4.30044	(1) 2010	() 0040	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	66 721	17 502	15 215	16,202.	15,141.	120 002
	include any "unusual grants ")	66,731.	17,593.	15,215.	10,202.	13,141.	130,882.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10,746.	7,587.	3,215.	7,427.	6,775.	35,750.
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	77,477.	25,180.	18,430.	23,629.	21,916.	166,632.
	Total. Add lines 1 through 5	//,=//•	23,100.	10,430.	23,023.	21,510.	100,0321
78	Amounts included on lines 1, 2, and						0.
	3 received from disqualified persons Amounts included on lines 2 and 3 received					-	
	from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year						0.
(: Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6.)						166,632.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010 25,180.	(c) 2011	(d) 2012 23,629.	(e) 2013 21,916.	(f) Total 166,632.
9	Amounts from line 6	77,477.	25,180.	18,430.	23,629.	21,916.	166,632.
	Gross income from interest, dividends, payments received on securities loans rents, royalties and income from similar sources Unrelated business taxable income	51.			,		51.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b	51.					51.
11							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						·
13	Total support. (Add lines 9, 10c, 11, and 12)	77,528.	25,180.	18,430.	23,629.	21,916.	166,683.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2013 (line 8, column (f) di	vided by line 13, c	olumn (f))		15	99.97 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Income	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colun	nn (f) divided by lin	e 13, column (f))	-	17	.03 %
18	Investment income percentage from	2012 Schedule A, I	Part III, line 17			18	%
	a 33 1/3% support tests - 2013. If the			on line 14, and line	15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶ X
ı	33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

332023 09-25-13

SOROPTIMIST INTERNATIONAL OF

Schedule A	(Form 990 or 990-EZ) 2013 GREATER SACRAMENTO	68-0106726 Page 4
Part IV	(Form 990 or 990-EZ) 2013 GREATER SACRAMENTO Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17h, and Part III, line 12
		tor 175, arior arm, me 12
_ •	Also complete this part for any additional information (See instructions)	
		•
	, 	
**		
		· · · · ·
		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 Open to Public

68-0106726

Inspection Employer identification number

PART I, LINE 10, PAYMENTS TO AFFILIATES: FORM 990-EZ,

GREATER SACRAMENTO

SOROPTIMIST INTERNATIONAL OF THE AMERICAS AFFILIATE NAME:

AFFILIATE ADDRESS: 1709 SPRUCE STREET PHILADELPHIA, PA 19103

SOROPTIMIST INTERNATIONAL OF

PURPOSE OF PAYMENT: NATIONAL DUES

2,122. AMOUNT OF PAYMENT:

AFFILIATE NAME: SOROPTIMIST SIERRA NEVADA REGION

PURPOSE OF PAYMENT: REGIONAL DUES

842. AMOUNT OF PAYMENT:

AFFILIATE NAME: SOROPTIMIST INTERNATIONAL OF THE AMERICAS

PURPOSE OF PAYMENT: PHILLIPINES TYPHOON DONATION+PREZ APPEAL

300. AMOUNT OF PAYMENT:

3,264. TOTAL INCLUDED ON FORM 990-EZ, LINE 10

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT

GRANTEE NAME: EFFIE YEAW NATURE CENTER

GRANTEE ADDRESS: 2850 SAN LORENZO WAY CARMICHAEL, CA 95608

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/11/14

1,000. AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT

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

Schedule O (Form 990 or 990-EZ) (2013,

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 SOROPTIMIST INTERNATIONAL OF Name of the organization

CREATER SACRAMENTO

Employer identification number 68-0106726

GREATER SACRAMENTO	68-0106726
GRANTEE NAME: GOAL4.0RG	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 02/11/14	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT	·
GRANTEE NAME: PLANNED PARENTHOOD	
GRANTEE ADDRESS: 201 29TH STREET SACRAMENTO, CA 95816	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 02/11/14	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT	
GRANTEE NAME: WORLD VENTURE	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 02/11/14	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT +	
GRANTEE NAME: POWERHOUSE SCIENCE CENTER	
GRANTEE ADDRESS: 3615 AUBURN BLVD SACRAMENTO, CA 95821	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
LHA For Panenuark Reduction Act Notice, see the Instructions for Form 990 or 990-F7	nedule O (Form 990 or 990-EZ) (2013)

 $\label{local-loc$ 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0

Internal Revenue Service

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 SOROPTIMIST INTERNATIONAL OF GREATER SACRAMENTO

Employer identification number 68-0106726

GREATER SACRAMENTO	68-0106726
DATE OF GIFT: 02/11/14	
AMOUNT GIVEN:	1,175.

ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT	
GRANTEE NAME: WOMENS WISDOM ART	
GRANTEE ADDRESS: 1719 25TH STREET SACRAMENTO, CA 95816	5
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 02/11/14	
AMOUNT GIVEN:	1,000.
	
ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT	
GRANTEE NAME: THE SHARE INSTITUTE	•
GRANTEE ADDRESS: 8370 SUNSET AVENUE FAIR OAKS, CA 9562	28
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 02/11/14	
AMOUNT GIVEN:	500.
ACTIVITY CLASSIFICATION: CHARITABLE	
GRANTEE NAME: WIND YOUTH SERVICES	
GRANTEE ADDRESS: 1722 J STREET SACRAMENTO, CA 95814	
GRANTEE RELATIONSHIP: NONE	-
PROPERTY DESCRIPTION: CASH	•
DATE OF GIFT: 06/03/14	
AMOUNT GIVEN: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	2,000. Schedule O (Form 990 or 990-EZ) (2013)
Elian 1 of 1 aboutour Headquight Not House, see the mentagine for 1 of 11 of 11 one of 100. PE	

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

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOROPTIMIST INTERNATIONAL OF GREATER SACRAMENTO

Employer identification number 68-0106726

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	8,675.
DONG OOO DE DADE E LEND 16 OFFIDE ENDENGES	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	250.
BUSINESS MEETINGS/SPEAKERS	1,827.
CONFERENCES/RETREAT	2,075.
WEBSITE FEES	283.
PROGRAM SUPPLIES	1,913.
MEMBER BADGES/PINS/BROCHURES	637.
WOMENS OPPORTUNITY AWARD	1,200.
WOMENS EMPOWERMENT GALA/CRAFT FAIRE EXPENSES	875.
TOTAL TO FORM 990-EZ, LINE 16	9,060.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO IMPROVE THE I	LIVES OF
WOMEN AND GIRLS IN THE LOCAL COMMUNITIES AND THROUGHOUT THE WORL	D.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS	
PROVIDE COMMUNITY SERVICE OPPORTUNITIES TO LOCAL	
PROFESSIONAL AND BUSINESS WOMEN TO ADVANCE HUMAN RIGHTS	•
AND THE STATUS OF WOMEN AND THEIR CHILDREN IN THE GREATER	
SACRAMENTO AREA. SERVICE PROJECTS INCLUDE ORGANIZING AND STAFF	ING A
HOLIDAY CRAFT FAIRE AND PROVIDING FILLED STOCKINGS FOR THE WOMEN	N AND
CHILDREN OF WOMEN'S EMPOWERMENT; PROVIDING ORGANIZATIONAL AND ST	TAFF
SUPPORT FOR TWO WOMEN'S EMPOWERMENT GALAS; PROVIDING NEW UNDERGA	ARMENTS
FOR FOUR GRADUATING CLASSES OF THE WOMEN'S EMPOWERMENT; SEWING	570
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990-64-13)	990 or 990-EZ) (2013)
13	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. SOROPTIMIST INTERNATIONAL OF Emplo **Open to Public** Inspection

OMB No 1545-0047

Name of the organization

GREATER SACRAMENTO

Employer identification number 68-0106726

FABRIC TOTES FOR SACRAMENTO CHILDREN'S RECEIVING HOME; PROVIDING
SUPPORT AND RECOGNITION TO A RETURNING VET AS PART OF THE REGION'S
"WOMEN WHO HONOR WOMEN WHO SERVE" PROGRAM; COORDINATING A HUMAN
TRAFFICKING PRESENTATION FOR THE OPEN PUBLIC WITH 85 ATTENDEES, AND
FUND-RAISING FOR THE SALVATION ARMY. THE CLUB ALSO PROVIDES
OPPORTUNITIES FOR LOCAL WOMEN TO MEET AND LEARN OF OTHER LOCAL
CHARITABLE ENDEAVORS, WORTHY CAUSES AND PERSONAL IMPROVEMENT
POSSIBILITIES.
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDE SUPPORT TO LOCAL AND INTERNATIONAL CHARITIES THAT
PROMOTE HUMAN RIGHTS AND/OR IMPROVE THE LIVES OF WOMEN AND
THEIR DAUGHTERS. PROJECTS INCLUDE FINANCIAL SUPPORT OF
SOROPTIMIST INTERNATIONAL PROJECTS (SUCH AS PHILLIPINE TYHPOON RELIEF)
AND PARTICIPATON IN SIA NATIONAL'S WOMEN'S OPPORTUNITY AWARD PROGRAM,
WHICH ASSISTS WOMEN BY GIVING THEM RESOURCES TO IMPROVE THEIR
EDUCATION, SKILLS AND JOB PROSPECTS. SIX MINI-GRANTS FOR \$6,500 WERE
AWARDED TO LOCAL AND INTERNATIONAL CHARITIES, \$2,000 AWARDED TO WIND
YOUTH SERVICES AS WELL AS ADDITIONAL FINANCIAL SUPPORT FOR CHILD DNA
KITS.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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