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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

▶ 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.gov/form990

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOROPTIMIST INTERNATIONAL OF GREATER SACRAMENTO
	D Employer identification number 68-0106726
	E Telephone number 916-712-4319
	F Group Exemption Number ▶ 3899
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
I Website: ▶ WWW.SACRAMENTOSOROPTIMISTS.ORG	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 24,368.	

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,241.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6,775.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 7,926. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2,352.
c	Less: direct expenses from gaming and fundraising events	6c	2,352.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,016.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	11,939.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	526.
	15	Printing, publications, postage, and shipping	15	403.
	16	Other expenses (describe in Schedule O)	16	9,060.
	17	Total expenses. Add lines 10 through 16	17	21,928.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	88.
	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	77,124.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	77,212.

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

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	77,124.	22	77,212.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	77,124.	25	77,212.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,124.	27	77,212.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE SCHEDULE O		28a	7,279.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29 SEE SCHEDULE O		29a	10,175.
(Grants \$ 8,500.) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	17,454.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARILYN GOODFELLOW				
PRESIDENT	10.00	0.	0.	0.
SUSAN GOWER				
PRESIDENT-ELECT	4.00	0.	0.	0.
SALLY JOHNSON				
VP SERVICE	6.00	0.	0.	0.
CAROLYN WALTERS				
VP PROGRAMS	8.00	0.	0.	0.
LORI EDWARDS				
VP MEMBERSHIP	4.00	0.	0.	0.
KATHY STASSI				
VP WAYS AND MEANS	4.00	0.	0.	0.
PAULA MAW				
VP COMMUNICATIONS	4.00	0.	0.	0.
JEAN FOSTER				
SECRETARY	4.00	0.	0.	0.
STEPHANIE PAIA				
TREASURER	5.00	0.	0.	0.
CYNTHIA HENNESEY				
DIRECTOR	2.00	0.	0.	0.
JANET GARLAND				
DIRECTOR	2.00	0.	0.	0.
YOLANDA CUESTA				
PAST PRESIDENT	2.00	0.	0.	0.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
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	35b	N/A
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 requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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 section 4911		0.
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	CA	
42a The organization's books are in care of	JEAN FOSTER	Telephone no
Located at	1901 FINE GOLD CT, GOLD RIVER, CA	ZIP + 4
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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)	45b	

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- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here Date 2/13/15

Jean B. Foster Secretary

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

☐ Yes ☐ No

Form 990-EZ (2013)

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

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Schedule A (Form 990 or 990-EZ) 2013

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning 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.")	66,731.	17,593.	15,215.	16,202.	15,141.	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 are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	77,477.	25,180.	18,430.	23,629.	21,916.	166,632.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						166,632.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	77,477.	25,180.	18,430.	23,629.	21,916.	166,632.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51.					51.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	51.					51.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.03 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SOROPTIMIST INTERNATIONAL OF

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

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Part IV

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information (See instructions)

Lined area for supplemental information.

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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization

**SOROPTIMIST INTERNATIONAL OF
GREATER SACRAMENTO**

Employer identification number
68-0106726

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

AFFILIATE NAME: SOROPTIMIST INTERNATIONAL OF THE AMERICAS

AFFILIATE ADDRESS: 1709 SPRUCE STREET PHILADELPHIA, PA 19103

PURPOSE OF PAYMENT: NATIONAL DUES

AMOUNT OF PAYMENT: 2,122.

AFFILIATE NAME: SOROPTIMIST SIERRA NEVADA REGION

PURPOSE OF PAYMENT: REGIONAL DUES

AMOUNT OF PAYMENT: 842.

AFFILIATE NAME: SOROPTIMIST INTERNATIONAL OF THE AMERICAS

PURPOSE OF PAYMENT: PHILLIPINES TYPHOON DONATION+PREZ APPEAL

AMOUNT OF PAYMENT: 300.

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

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

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: CHARITABLE-ANNUAL MINI GRANT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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Name of the organization

**SOROPTIMIST INTERNATIONAL OF
GREATER SACRAMENTO**

Employer identification number
68-0106726

GRANTEE NAME: **GOAL4.ORG**

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

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

332211
09-04-13

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.

OMB No 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

**SOROPTIMIST INTERNATIONAL OF
GREATER SACRAMENTO**

Employer identification number
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

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 95628

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:

2,000.

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

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

332211
09-04-13

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.

OMB No 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

**SOROPTIMIST INTERNATIONAL OF
GREATER SACRAMENTO**

Employer identification number
68-0106726

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

8,675.

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 LIVES OF
WOMEN AND GIRLS IN THE LOCAL COMMUNITIES AND THROUGHOUT THE WORLD.**

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 STAFFING A

HOLIDAY CRAFT FAIRE AND PROVIDING FILLED STOCKINGS FOR THE WOMEN AND

CHILDREN OF WOMEN'S EMPOWERMENT; PROVIDING ORGANIZATIONAL AND STAFF

SUPPORT FOR TWO WOMEN'S EMPOWERMENT GALAS; PROVIDING NEW UNDERGARMENTS

FOR FOUR GRADUATING CLASSES OF THE WOMEN'S EMPOWERMENT; SEWING 570

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Name of the organization

SOROPTIMIST INTERNATIONAL OF
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.

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

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