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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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 and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SOROPTIMIST INTERNATIONAL OF LOS BANOS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOS BANOS, CA 93635

F Name and address of principal officer

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

N/A

K Form of organization

☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

CHARITY AND COMMUNITY SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

8

4 Number of independent voting members of the governing body (Part VI, line 1b)

0

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

0

6 Total number of volunteers (estimate if necessary)

31

7a Total unrelated business revenue from Part VIII, column (C), line 12

42

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

6,200

9 Program service revenue (Part VIII, line 2g)

8,697

11,716

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

48

42

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

15,473

18,630

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

24,218

36,588

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

0

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

27,578

30,578

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

27,578

30,578

19 Revenue less expenses Subtract line 18 from line 12

-3,360

6,010

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

43,596

49,606

21 Total liabilities (Part X, line 26)

0

22 Net assets or fund balances Subtract line 21 from line 20

43,596

49,606

Part II Signature Block

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

Signature of officer

2017-10-06

Date

LUCY LAWRENCE Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DORTHY HOEFER

Preparer's signature

DORTHY HOEFER

Date

Check ☒ if self-employed

PTIN

P00060510

Firm's name ▶

Dorthy Hoefer Business Svcs

Firm's EIN ▶

Firm's address ▶

17215 Holland Ave

Phone no

(209) 826-0588

Los Banos, CA 936359562

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

CHARITY AND COMMUNITY SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 26,253 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 26,253

