

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning SEP 1, 2024 and ending AUG 31, 2025

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature block details: Officer Kimberly A. Grossman, CPA, CFO; Preparer Mallory Good, CLIFTONLARSONALLEN LLP, 150 S WARNER ROAD, SUITE 310, KING OF PRUSSIA, PA 19406.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.

Form 990 (2024)

23-2154856 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
SOROPTIMIST IS A GLOBAL VOLUNTEER ORGANIZATION THAT PROVIDES WOMEN AND GIRLS WITH ACCESS TO THE EDUCATION AND TRAINING THEY NEED TO ACHIEVE ECONOMIC EMPOWERMENT. (CONTINUED ON SCHEDULE O)

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 \$ 3,492,192. including grants of \$ 55,500.) (Revenue \$ 2,419,642.)
MEMBER SUPPORT - PROVIDE THE DEVELOPMENT, TRAINING, PROGRAMS, TOOLS, MATERIALS AND SUPPORT IN SIX LANGUAGES ENABLING MORE THAN 24,000 MEMBERS IN COUNTRIES ACROSS NORTH AMERICA, LATIN AMERICA AND THE PACIFIC RIM TO PROVIDE WOMEN AND GIRLS WITH ACCESS TO THE EDUCATION AND TRAINING THEY NEED TO ACHIEVE ECONOMIC EMPOWERMENT.

4b (Code:) (Expenses \$ 605,419. including grants of \$ 453,900.) (Revenue \$ 0.)
THE SOROPTIMIST LIVE YOUR DREAM: EDUCATION AND TRAINING AWARDS FOR WOMEN IS ONE OF SOROPTIMIST'S CORNERSTONE PROGRAMS. THROUGH THE PROGRAM, CLUBS IN COUNTRIES ACROSS NORTH AMERICA, LATIN, AMERICA AND THE PACIFIC RIM ASSIST WOMEN WHO PROVIDE THE PRIMARY SOURCE OF FINANCIAL SUPPORT FOR THEIR FAMILIES BY GIVING THEM THE RESOURCES THEY NEED TO IMPROVE THEIR EDUCATION, SKILLS AND EMPLOYMENT PROSPECTS SO THEY MAY REACH AN IMPROVED STANDARD OF LIVING FOR THEMSELVES AND THEIR DEPENDENTS. RECIPIENTS WHO HAVE OVERCOME ENORMOUS OBSTACLES INCLUDING POVERTY, DOMESTIC VIOLENCE, AND TEEN PREGNANCY MAY USE THE AWARDS TO OFFSET ANY COSTS ASSOCIATED WITH THEIR EFFORTS TO ATTAIN HIGHER EDUCATION, SUCH AS BOOKS, CHILDCARE AND TRANSPORTATION. CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 52,211. including grants of \$ 0.) (Revenue \$ 0.)
DREAM IT BE IT: CAREER SUPPORT FOR GIRLS; LAUNCHED IN 2015, SERVES AS SOROPRIMIST'S OTHER CORNERSTONE PROGRAM. THE GOAL OF THE PROGRAM IS TO PROVIDE EDUCATION AND ROLE MODELS TO EMPOWER GIRLS TO PURSUE THEIR CAREER GOALS AND REACH THEIR FULL POTENTIAL. CLUBS WORK IN PARTNERSHIP WITH GIRLS FACING OBSTACLES SUCH AS POVERTY OR TEEN PREGNANCY, PROVIDING SUPPORT IN SMALL-GROUP SETTINGS. PARTICIPANTS RECEIVE INFORMATION AND RESOURCES RELATED TO CAREER EXPLORATION, GOAL SETTING AND ACHIEVEMENT, OVERCOMING BARRIERS TO SUCCESS, AND BUILDING RESILIENCE TO MOVE FORWARD AFTER SETBACKS OR CHALLENGES. SINCE ITS INCEPTION, THE PROGRAM HAS REACHED MORE THAN 162,000 GIRLS ACROSS 15 COUNTRIES AND TERRITORIES. IN FY24/25, 23,870 GIRLS PARTICIPATED IN DREAM IT, BE IT.

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

4e Total program service expenses 4,149,822.

Form 990 (2024)

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.

Form 990 (2024)

23-2154856

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.

Form 990 (2024)

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.

Form 990 (2024)

23-2154856

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions.

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.

Form 990 (2024)

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes... X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KIMBERLY A. GROSSMAN, CPA - (215) 893-9000
1709 SPRUCE ST, PHILADELPHIA, PA 19103

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Form 990 (2024)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE J BURNETT EXECUTIVE DIRECTOR & CEO	40.00			X			294,286.	0.	19,865.	
(2) KIMBERLY A. GROSSMAN CHIEF FINANCIAL OFFICER	40.00			X			159,256.	0.	12,647.	
(3) IESHA D BROWN CHIEF IMPACT & ENGAGEMENT OFFICER	40.00				X		151,963.	0.	14,029.	
(4) KYMBERLIE ADAMS CHIEF MKTG & DEVELOPMENT OFFICER	40.00				X		133,195.	0.	14,314.	
(5) LISA MANGIAFICO ASSOC. SR DIR RECORDS & RISK OFFICER	40.00				X		119,101.	0.	16,043.	
(6) ERICA CHESLOCK DIRECTOR, DONOR RELATIONS	40.00				X		101,680.	0.	9,619.	
(7) GLORIA "GINGER" COLE PRESIDENT	20.00	X		X			0.	0.	0.	
(8) SUE RINEY PRESIDENT-ELECT	10.00	X		X			0.	0.	0.	
(9) MICHELLE STRAWSER SECRETARY/TREASURER	5.00	X		X			0.	0.	0.	
(10) GABRIELLE CALIZO-QUIMPO DIRECTOR	5.00	X					0.	0.	0.	
(11) GAIL DEKREON DIRECTOR	5.00	X					0.	0.	0.	
(12) PEGGY GENTILE-VANMETER DIRECTOR	5.00	X					0.	0.	0.	
(13) SUSAN GILBEY DIRECTOR	5.00	X					0.	0.	0.	
(14) REJANE HEYSE RIBAS DIRECTOR	5.00	X					0.	0.	0.	
(15) MELANIE KENNY DIRECTOR	5.00	X					0.	0.	0.	
(16) MARIA ODETTE NASSIF DO VOL DIRECTOR	5.00	X					0.	0.	0.	
(17) TAMIKO SASAKI DIRECTOR	5.00	X					0.	0.	0.	

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Form 990 (2024)

23-2154856 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HYOCHUL SHIN DIRECTOR	5.00	X					0.	0.	0.	
(19) MEI-HONG TSAI DIRECTOR	5.00	X					0.	0.	0.	
(20) MAYUMI TSUJI DIRECTOR	5.00	X					0.	0.	0.	
(21) MADOKA USHIO DIRECTOR	5.00	X					0.	0.	0.	
1b Subtotal							959,481.	0.	86,517.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							959,481.	0.	86,517.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AGILE CLOUD CONSULTING, 276 5TH AVE, STE 704-3080, NEW YORK, NY 10001	SOFTWARE CONSULTING	508,585.
LIONBRIDGE TECHNOLOGIES, 890 WINTER STREET, SUITE 225, WALTHAM, MA 02451	INTERPRETATION SERVICES	415,973.
TSE LIVE, LLC 673 OVERLOOK RIM DRIVE, HENDERSON, NV 89012	AUDIO & VISUAL	383,218.
SALESFORCE, INC., 415 MISSION STREET, 3RD FLOOR, SAN FRANCISCO, CA 09105	SOFTWARE	240,275.
THRIVE, 25 FORBES BOULEVARD, SUITE 3, FOXBORO, MA 02035	INFORMATION TECHNOLOGY SERVICES	216,064.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Form 990 (2024)

23-2154856 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,810,490.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							1,810,490.
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	2,360,131.	2,360,131.			
	b CONVENTION AND MEETING		900099	27,827.	27,827.			
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			2,387,958.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			515,670.			515,670.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b	675,000.					
c Gain or (loss)	7c	691,316.						
d Net gain or (loss)		-16,316.				-16,316.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b	114,437.						
c Net income or (loss) from sales of inventory		82,753.		31,684.	31,684.			
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				4,729,486.	2,419,642.	0.	499,354.	

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Form 990 (2024)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	211,000.	211,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	92,000.	92,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	206,400.	206,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	546,984.	257,727.	289,257.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,153,014.	1,413,582.	251,620.	487,812.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,972.	81,199.	10,819.	29,954.
9 Other employee benefits	229,437.	150,784.	29,549.	49,104.
10 Payroll taxes	203,621.	130,478.	32,989.	40,154.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,662.	1,657.	432.	573.
c Accounting	40,900.	25,453.	6,647.	8,800.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,000.		30,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	130,521.	76,549.	28,692.	25,280.
12 Advertising and promotion	20,833.	15,081.		5,752.
13 Office expenses	22,639.	14,025.	4,512.	4,102.
14 Information technology	603,976.	386,760.	111,689.	105,527.
15 Royalties				
16 Occupancy	99,835.	62,014.	19,447.	18,374.
17 Travel	101,498.	94,781.	1,828.	4,889.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,886.	11,988.	462.	1,436.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	345,718.	188,405.	46,735.	110,578.
23 Insurance	169,910.	156,181.	7,059.	6,670.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRANSLATION & INTERPRET	324,928.	290,156.	5,434.	29,338.
b SOROPTIMIST INT. DUES	184,826.	184,826.		
c DUES AND OTHER FEES	167,627.	98,776.	13,967.	54,884.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,024,187.	4,149,822.	891,138.	983,227.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Form 990 (2024)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,823,814.	1	1,885,866.	
	2 Savings and temporary cash investments	1,778,262.	2	1,509,494.	
	3 Pledges and grants receivable, net	142,477.	3	38,013.	
	4 Accounts receivable, net	34,843.	4	4,841.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	32,694.	8	88,107.	
	9 Prepaid expenses and deferred charges	523,712.	9	590,581.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,292,770.			
	b Less: accumulated depreciation	2,165,012.			
	11 Investments - publicly traded securities	2,139,340.	10c	2,127,758.	
	12 Investments - other securities. See Part IV, line 11	10,040,235.	11	10,287,876.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	51,032.	14	34,782.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,566,409.	15	16,567,318.		
17 Accounts payable and accrued expenses	936,753.	16	16,567,318.		
18 Grants payable		17	495,688.		
19 Deferred revenue	1,670,073.	18	1,875,960.		
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,392.	20	4,991.		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	51,032.	24	34,782.		
26 Total liabilities. Add lines 17 through 25	2,659,250.	25	2,411,421.		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
27 Net assets without donor restrictions	5,014,356.	26	4,074,925.		
28 Net assets with donor restrictions	9,892,803.	27	10,080,972.		
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29 Capital stock or trust principal, or current funds		28			
30 Paid-in or capital surplus, or land, building, or equipment fund		29			
31 Retained earnings, endowment, accumulated income, or other funds		30			
32 Total net assets or fund balances	14,907,159.	31	14,155,897.		
33 Total liabilities and net assets/fund balances	17,566,409.	32	16,567,318.		

Form **990** (2024)

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Form 990 (2024)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,729,486.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,024,187.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,294,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,907,159.
5	Net unrealized gains (losses) on investments	5	543,439.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,155,897.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Schedule A (Form 990) 2024

23-2154856 Page 2

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2507995.	3835756.	2758417.	1965629.	1810490.	12878287.
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	2507995.	3835756.	2758417.	1965629.	1810490.	12878287.
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)						364,776.
6 Public support. Subtract line 5 from line 4.						12513511.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2507995.	3835756.	2758417.	1965629.	1810490.	12878287.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	229,473.	502,034.	369,565.	481,892.	515,670.	2098634.
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 VI.)	1,802.	1,480.	38,539.	26,112.		67,933.
11 Total support. Add lines 7 through 10						15044854.
12 Gross receipts from related activities, etc. (see instructions)					12	13,147,792.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	83.17	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	84.89	%
16a 33 1/3% support test - 2024. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

Schedule A (Form 990) 2024

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 VI.); 13 Total support.

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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 THE AMERICAS INC.**

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Schedule A (Form 990) 2024

23-2154856 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Schedule A (Form 990) 2024

23-2154856 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

SROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.

Schedule A (Form 990) 2024

23-2154856 Page 8

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2020 AMOUNT:	\$	1,802.
2021 AMOUNT:	\$	1,480.
2022 AMOUNT:	\$	38,539.
2023 AMOUNT:	\$	26,112.
2024 AMOUNT:	\$	0.

****PUBLIC DISCLOSURE COPY****

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.	Employer identification number 23-2154856
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.	Employer identification number 23-2154856
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>99,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>72,634.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.	Employer identification number 23-2154856
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.	Employer identification number 23-2154856
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Employer identification number
23-2154856

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

SOROPTIMIST INTERNATIONAL

Schedule D (Form 990) (Rev. 12-2024) **OF THE AMERICAS INC.**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,656,902.	10,908,671.	10,330,471.	12,081,907.	10,446,546.
b Contributions				14,288.	
c Net investment earnings, gains, and losses	1,453,714.	1,764,261.	905,196.	-1,506,034.	1,635,361.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,123,380.	1,016,030.	326,996.	259,690.	
f Administrative expenses					
g End of year balance	11,987,236.	11,656,902.	10,908,671.	10,330,471.	12,081,907.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 17.2645 %
 - b** Permanent endowment 82.7355 %
 - c** Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,000.		28,000.
b Buildings		2,719,784.	1,730,984.	988,800.
c Leasehold improvements				
d Equipment		249,094.	172,264.	76,830.
e Other		1,295,892.	261,764.	1,034,128.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,127,758.

SROPTIMIST INTERNATIONAL

Schedule D (Form 990) (Rev. 12-2024) **OF THE AMERICAS INC.**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	34,782.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	34,782.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

SOROPTIMIST INTERNATIONAL

Schedule D (Form 990) (Rev. 12-2024) **OF THE AMERICAS INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,719,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	543,439.
b	Donated services and use of facilities	2b	476,536.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,019,975.
3	Subtract line 2e from line 1	3	4,699,486.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,000.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,729,486.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,470,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	476,536.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	476,536.
3	Subtract line 2e from line 1	3	5,994,187.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,000.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,024,187.

Part XIII Supplemental Information

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

PART IV, LINE 2B:

THE ORGANIZATION RECEIVES FUNDS FROM MEMBER CLUBS ON BEHALF OF OTHER ORGANIZATIONS, WHICH IT HOLDS AND PERIODICALLY MAKES REMITTANCES TO THEM. THESE FUNDS ARE NOT OWNED BY THE ORGANIZATION NOR DOES IT EXERCISE DISCRETION OVER RECEIPTS OR DISBURSEMENTS CONSEQUENTLY, THEY ARE INCLUDED AS A LIABILITY ON THE STATEMENT OF FINANCIAL POSITION. RECEIPTS AND DISBURSEMENTS OF AGENCY FUNDS ARE NOT INCLUDED IN THE STATEMENT OF ACTIVITIES.

PART V, LINE 4:

THE ENDOWMENT FUND EXISTS TO PROVIDE A SUPPLEMENT TO OPERATING INCOME, AND FOR THE PURPOSES OF LONG TERM GROWTH OF ASSETS FOR THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE ORGANIZATION FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN THE INCOME TAXES USING THE FASB ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE REORGANIZED IN THE FINANCIAL STATEMENTS WHEN IT MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR PENALTIES.

THE ORGANIZATION'S FEDERAL TAX RETURN IS SUBJECT TO AUDIT BY TAXING AUTHORITIES. AS OF AUGUST 31, 2025, THE ORGANIZATION HAD NO UNCERTAIN TAX

SROPTIMIST INTERNATIONAL

Schedule D (Form 990) (Rev. 12-2024) OF THE AMERICAS INC.

Part XIII Supplemental Information (continued)

POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE.

Lined area for supplemental information.

SOROPTIMIST INTERNATIONAL

Schedule F (Form 990) (Rev. 12-2024) **OF THE AMERICAS INC.**

23-2154856

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	LIVE YOUR DREAM AWARDS	19,000.	WIRE TRANSFERS	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	LIVE YOUR DREAM AWARDS AND SOROPTIMIST CLUB GRANTS	21,000.	WIRE TRANSFERS	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	LIVE YOUR DREAM AWARDS	8,000.	WIRE TRANSFERS	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	LIVE YOUR DREAM AWARDS	11,000.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS	22,000.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS AND SOROPTIMIST CLUB GRANTS	10,000.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS	8,000.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS AND SOROPTIMIST CLUB GRANTS	15,000.	WIRE TRANSFERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **0**

3 Enter total number of other organizations or entities **13**

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

23-2154856

Schedule F (Form 990)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS	16,000.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS	14,000.	WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	LIVE YOUR DREAM AWARDS AND SOROPTIMIST CLUB GRANTS	11,000.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS AND SOROPTIMIST CLUB GRANTS	42,000.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	LIVE YOUR DREAM AWARDS	8,000.	WIRE TRANSFERS	0.		

SOROPTIMIST INTERNATIONAL

Schedule F (Form 990) (Rev. 12-2024) OF THE AMERICAS INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

SOROPTIMIST INTERNATIONAL

Schedule F (Form 990) (Rev. 12-2024) OF THE AMERICAS INC.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

IN OUR MISSION TO IMPROVE THE LIVES OF WOMEN AND GIRLS THROUGHOUT THE WORLD, IT IS NOT THE POLICY OF SIA TO DETERMINE THE CHARITABLE STATUS OF ORGANIZATIONS RUNNING THE PROGRAMS WHICH ACCOMPLISH OUR MISSION.

LIVE YOUR DREAM AWARD APPLICATIONS ARE MAINTAINED IN PERPETUITY AS WELL AS THE SCORES SUBMITTED BY THE SIAHQ/FEDERATION JUDGES. ALSO MAINTAINED IS THE RECORDS OF CONFIRMATION FROM LYDA APPLICATION REFERENCES WHICH ARE USED IN THE SELECTION CRITERIA. SIA ALSO LOOKS TO OBTAIN PROOF OF ENROLLMENT FOR THE FEDERATION LEVEL LYDA AWARDEES. SIA ALSO KEEPS RECORDS TO SUBSTANTIATE THE AMOUNT AND FOR ANYONE WHO SIA DOES NOT SEND THE FUNDS TO DIRECTLY (I.E. REGION LYDA RECIPIENTS), SIA OBTAINS AND MAINTAINS SIGNED WIRE TRANSFER RECEIPTS OR AN EMAIL FROM THE APPLICANT'S EMAIL ADDRESS CONFIRMING THAT THEY RECEIVE FROM THE FUNDING FROM THEIR LOCAL CLUB/REGION FOR THE APPROPRIATE AMOUNT.

SOROPTIMIST CLUB GRANT APPLICATIONS ARE MAINTAINED BY SIA AS WELL AS NOTES RELATED TO THE SELECTION CRITERIA FROM PROGRAM CHAIRS AND STAFF WHO CHOOSE THE AWARDEES. SIA ALSO OBTAINS SIGNED WIRE TRANSFER RECEIPTS FROM THE CLUBS WHOSE FUNDS ARE SENT TO THEIR REGION OFFICE TO DISBURSE TO CLUB LEVEL.

PART I, LINE 3:

FOR LIVE YOUR DREAM AWARDS, FOLLOW UP IS DONE ON THE PLANNED PROGRAM OUTCOMES TO MEASURE IF GOALS OR OBJECTIVES OF THE PROGRAM ARE BEING MET. FOR CHAPTER SUPPORT, CLUBS SIGN A CONTRACT STATING THAT THEY WILL UNDERTAKE THE APPROVED PROJECTS & THAT ANY CHANGES NEED TO BE APPROVED BY SIA. THEY ARE ALSO RESPONSIBLE FOR FILING 12 MONTH REPORTS ON THE PROJECTS.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.** Employer identification number
23-2154856

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOROPTIMIST CAMINO REAL REGION PO BOX 861897 LOS ANGELES, CA 90086	23-7076646	501(C)(3)	17,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST CENTRAL EAST COAST REGION - 809 TESSIER CT - WAKE FOREST, NC 27587	83-2816752	501(C)(3)	8,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST DESERT COAST REGION 1150 N MOUNTAIN AVENUE ROOM 101 UPLAND, CA 91786	95-3280861	501(C)(3)	23,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST FOUNDER REGION 96 TARMAN DRIVE CLOVERDALE, CA 95425	94-2342261	501(C)(3)	14,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST GOLDEN WEST REGION 224 N SYBIL RD PALM SPRINGS, CA 92262	95-3767039	501(C)(3)	14,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST MIDWESTERN REGION 10485 PENNIMAN DRIVE CHARDON, OH 44024	36-6075770	501(C)(3)	11,000.	0.			LIVE YOUR DREAM AWARDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27.

3 Enter total number of other organizations listed in the line 1 table 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

**SOROPTIMIST INTERNATIONAL
OF THE AMERICAS INC.**

Schedule I (Form 990)

23-2154856

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOROPTIMIST NORTH ATLANTIC REGION 529 FREEDOM DRIVE YARDLEY, PA 19067	23-2334555	501(C)(3)	11,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST NORTHWESTERN REGION 120 HUNTERS RUN HAVERHILL, MA 01832	23-7144276	501(C)(3)	20,500.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST PEAKS TO PLAINS REGION 217 ELLIOT DR EVANSTON, WY 82930	92-0798555	501(C)(3)	11,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST SIERRA NEVADA REGION 423 F STREET SUITE 102 DAVIS, CA 95616	94-2342761	501(C)(3)	14,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST SIERRA PACIFIC REGION 1328 AUDREY DR TRACY, CA 95376	94-2342745	501(C)(3)	20,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST SOUTH CENTRAL REGION 5065 ROBERTS DR THE COLONY, TX 75056	27-4640795	501(C)(3)	11,000.	0.			LIVE YOUR DREAM AWARDS
SOROPTIMIST SOUTHERN REGION PO BOX 7131 PORT SAINT LUCIE, FL 34986	59-3283724	501(C)(3)	8,000.	0.			LIVE YOUR DREAM AWARDS

Schedule I (Form 990)

SROPTIMIST INTERNATIONAL

Schedule I (Form 990) (Rev. 12-2024) **OF THE AMERICAS INC.**

23-2154856

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIVE YOUR DREAM AWARDS	71	92,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

IN OUR MISSION TO IMPROVE THE LIVES OF WOMEN AND GIRLS THROUGHOUT THE WORLD, IT IS NOT THE POLICY OF SIA TO DETERMINE THE CHARITABLE STATUS OF ORGANIZATIONS RUNNING THE PROGRAMS WHICH ACCOMPLISH OUR MISSION.

LIVE YOUR DREAM AWARD APPLICATIONS ARE MAINTAINED IN PERPETUITY, AS WELL AS THE SCORES SUBMITTED BY THE SIAHQ/FEDERATION JUDGES. ALSO MAINTAINED IS THE RECORDS OF CONFIRMATION FROM LYDA APPLICATION REFERENCES WHICH ARE USED IN THE SELECTION CRITERIA. SIA ALSO LOOKS TO OBTAIN PROOF OF ENROLLMENT FOR THE FEDERATION LEVEL LYDA RECIPIENTS. SIA ALSO KEEPS RECORDS TO SUBSTANTIATE THE AMOUNT AND FOR ANYONE WHO SIA DOES NOT SEND THE FUNDS TO DIRECTLY (I.E. REGION-LEVEL LYDA RECIPIENTS), SIA OBTAINS AND MAINTAINS SIGNED WIRE TRANSFER RECEIPTS OR AN EMAIL FROM THE APPLICANT'S EMAIL ADDRESS CONFIRMING THAT THEY RECEIVE FROM THE FUNDING FROM THEIR LOCAL CLUB/REGION FOR THE APPROPRIATE AMOUNT.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.** Employer identification number **23-2154856**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

SOROPTIMIST INTERNATIONAL

Schedule J (Form 990) (Rev. 12-2024) **OF THE AMERICAS INC.**

23-2154856

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE J BURNETT EXECUTIVE DIRECTOR & CEO	(i)	270,226.	11,440.	12,620.	8,153.	11,712.	314,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIMBERLY A. GROSSMAN CHIEF FINANCIAL OFFICER	(i)	156,756.	2,500.	0.	4,935.	7,712.	171,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IESHA D BROWN CHIEF IMPACT & ENGAGEMENT OFFICER	(i)	144,963.	7,000.	0.	4,729.	9,300.	165,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SROPTIMIST INTERNATIONAL

Schedule J (Form 990) (Rev. 12-2024) OF THE AMERICAS INC.

23-2154856

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ANNUAL COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR/CEO REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS INCLUDED A CONTRIBUTION TO A 457B PLAN IN THE AMOUNT OF \$9,000 WHICH WAS PAID AS OTHER COMPENSATION IN THE AMOUNT OF \$12,620 AS IT WAS GROSSED UP FOR TAXES.

PART I, LINE 1B:

THERE IS NO WRITTEN POLICY FOR GROSS-UP PAYMENTS. THE PAYMENT WAS APPROVED BY THE BOARD OF DIRECTORS AND NOTED IN THE EMPLOYMENT AGREEMENT.

PART I, LINE 7:

THE EXECUTIVE DIRECTOR/CEO ALSO RECEIVED A DISCRETIONARY NON-FIXED BONUS WHICH WAS APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.	Employer identification number	23-2154856
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 OUR VISION IS FOR WOMEN AND GIRLS TO HAVE THE RESOURCES AND OPPORTUNITIES TO REACH THEIR FULL POTENTIAL AND LIVE THEIR DREAMS. SOROPTIMIST WAS FORMED IN 1921 IN OAKLAND, CALIFORNIA, AT A TIME WHEN WOMEN WERE NOT PERMITTED TO JOIN SERVICE ORGANIZATIONS. OUR NAME, LOOSELY TRANSLATED FROM THE LATIN, MEANS BEST FOR WOMEN. TODAY, WE HAVE OVER 24,000 MEMBERS AND SUPPORTERS IN COUNTRIES ACROSS NORTH AMERICA, LATIN AMERICA AND THE PACIFIC RIM. WE ARE ONE OF FIVE FEDERATIONS THAT MAKE UP SOROPTIMIST INTERNATIONAL, WHICH HAS CLUBS IN MORE THAN 120 COUNTRIES THROUGHOUT THE WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 SINCE 1972, SOROPTIMIST HAS DISBURSED MORE THAN \$49 MILLION TO MORE THAN 47,000 WOMEN THROUGH THE LIVE YOUR DREAM: EDUCATION AND TRAINING AWARDS FOR WOMEN AWARDS. IN FY24/25, 2,353 WOMEN RECEIVED A LIVE YOUR DREAM AWARD AND A TOTAL OF \$3,433,614 WAS DISTRIBUTED AT ALL LEVELS OF THE AWARD. SIA FUNDED OVER \$450,000 IN LIVE YOUR DREAM AWARDS BETWEEN SIAHQ AWARDS, NEW CLUB FUNDING, FEDERATION AWARDS, AND REGION FUNDING.

FORM 990, PART VI, SECTION A, LINE 4:
 THE BYLAWS WERE AMENDED IN DECEMBER 2024. THE AMENDMENTS WERE: ADDED INUREMENT AND DISSOLUTION CLAUSES PREVIOUSLY ONLY IN ARTICLES OF INCORPORATION; ADD STANDARD OF CARE AND JUSTIFIABLE RELIANCE AND LIMIT OF LIABILITY FOR SIA OFFICERS AND UPDATED STANDARD OF CARE AND JUSTIFIABLE RELIANCE FOR BOARD DIRECTORS IN ACCORDANCE WITH THE 2023 UPDATE OF PENNSYLVANIA NONPROFIT CORPORATION LAW OF 1988; RESTATED WHEN THE SIA BOARD MAY PROPOSE AMENDMENTS TO THE SIA BYLAWS; REDUCED THE NUMBER OF ELECTORAL AREAS/BOARD SEATS FROM 14 TO 13; UPDATED THE METHOD OF NOMINATIONS AND THE METHOD OF ELECTION TO THE SIA BOARD; RESTRUCTURED AND RENAMED THE FUNDRAISING COUNCIL.

FORM 990, PART VI, SECTION A, LINE 6:
 THE MEMBERS OF SIA INCLUDE 1,078 SOROPTIMIST CLUBS IN THE US (AND ITS TERRITORIES), CANADA, MEXICO, CENTRAL AMERICA, SOUTH AMERICA, TAIWAN, JAPAN, KOREA, PHILIPPINES, AND PALAU. EACH SOROPTIMIST CLUB HAS ONE VOTE WHICH IS EXERCISED VIA MAIL BALLOT. ANY INDIVIDUAL INTERESTED IN SUPPORTING OUR VISION, MISSION AND CORE VALUES IS ELIGIBLE TO JOIN ONE OF THESE CLUBS.

FORM 990, PART VI, SECTION A, LINE 7A:
 MEMBERS ELECT THE PRESIDENT-ELECT AND MEMBERS OF THE BOARD OF DIRECTORS. MEMBERS OF THE SIA BOARD OF DIRECTORS ARE ELECTED FROM 14 ELECTORAL AREAS AND SERVE STAGGERED 2 YEAR TERMS, WITH HALF OF THE DIRECTORS ROTATING OFF EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:
 THE PRESIDENT-ELECT IS ELECTED ANNUALLY VIA MAIL BALLOT TO ALL SOROPTIMIST CLUBS IN GOOD STANDING AT THE TIME OF ELECTIONS, AND AUTOMATICALLY SUCCEEDS TO THE OFFICE OF PRESIDENT. ON SEPTEMBER 1 OF THE FOLLOWING YEAR, AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS MUST BE APPROVED BY A 2/3 MAJORITY OF THE SOROPTIMIST CLUBS, WITH ADVANCE

Name of the organization SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.	Employer identification number 23-2154856
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NOTICE. IN ADDITION, THE CLUBS CONSIDER RESOLUTIONS DIRECTING CERTAIN MISSION RELATED PROJECTS OR ACTIVITIES. SIA BYLAWS ARTICLE XII PROVIDES THE METHODS BY WHICH AMENDMENTS OR RESOLUTIONS ARE CONSIDERED; FINAL APPROVAL IS VIA MAIL BALLOT TO ALL SOROPTIMIST CLUBS IN GOOD STANDING FOR CONSIDERATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. A COPY OF THE COMPLETED FORM 990 WILL BE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING. APPROVAL OF THE FORM 990 WILL BE CONDUCTED THROUGH A MAIL BALLOT OR AT A SCHEDULED BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:
DIRECTORS, OFFICERS AND EMPLOYEES OF SIA ARE EXPECTED TO ACT IN A MANNER TO PUT THE INTEREST OF SIA BEFORE ANY PERSONAL BENEFIT. INFORMATION OR PERSONAL CONTACTS GAINED THROUGH ASSOCIATIONS WITH SIA MAY NOT BE USED FOR PERSONAL PROFIT, GAIN OR ADVANTAGES. IMMEDIATE FAMILY MEMBERS OF SIA EMPLOYEES MAY NOT SIGN CONTRACTS FOR OR HAVE BUSINESS INTERESTS WITH SIA. FROM TIME TO TIME, SIA CIRCULATES QUESTIONNAIRES ABOUT CONFLICTS OF INTEREST TO PERSONS, INCLUDING UPON COMMENCEMENT OF SERVICE ON THE BOARD OR EMPLOYMENT AND AT LEAST ANNUALLY THEREAFTER. ANY CONFLICTS DISCLOSED ARE REPORTED TO THE PRESIDENT OR EXECUTIVE DIRECTOR. THE PERSON SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE IN ANY WAY IN THE MATTER. THE PERSON OR THE PRESIDENT SHALL DISCLOSE A POTENTIAL CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD OR COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A:
SIA PAYS ITS EXECUTIVE DIRECTOR/CEO ("CEO") FAIR MARKET VALUE FOR THEIR SERVICES WITHIN THE CONTEXT OF FISCAL RESPONSIBILITY TO THE ORGANIZATION. COMPARABLE COMPENSATION AND BENEFIT PACKAGES ARE RESEARCHED BY THE CHIEF FINANCE OFFICER ("CFO") OR AN OUTSIDE SOURCE AT THE DISCRETION OF THE BOARD ON AN ANNUAL BASIS. THE BOARD WILL REVIEW BENEFITS AND ADJUSTMENTS TO THE RANGE ANNUALLY, USING THIS RESEARCH AS A GUIDE. A WRITTEN PERFORMANCE EVALUATION OF THE CEO IS PREPARED ANNUALLY AFTER SEEKING INPUT FROM THE BOARD AT A BOARD MEETING. A SELF EVALUATION PREPARED BY THE CEO IS CONSIDERED IN THE WRITTEN PERFORMANCE EVALUATION. THE EXECUTIVE COMPENSATION COMMITTEE (THE PRESIDENT, PRESIDENT-ELECT AND THE IMMEDIATE PAST PRESIDENT) RECOMMENDS THE CHANGE IN COMPENSATION AND BRINGS THEIR RECOMMENDATION TO THE BOARD FOR A VOTE. THE EXECUTIVE COMPENSATION COMMITTEE MEETS WITH THE CEO TO DISCUSS THE EVALUATION AND ANY CHANGES IN COMPENSATION. THE COMPENSATION OF THE CFO IS DETERMINED BY THE CEO AND IS BASED ON COMPARABLE SALARY COMPENSATION STUDIES, MARKET RATES AND PERFORMANCE. COMPENSATION REVIEW AS DESCRIBED ABOVE IS COMPLETED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
PA, AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, KS, KY, ME, MD, MA, MI, MN, ND, OH, OK, OR, RI, SC, TN, UT, VA, WA, WV, WI, NV, IL, NJ, NH, NM, NY, NC, MO, MS

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE SIA WEBSITE.

Form **8868**
(Rev. January 2025)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC.	Taxpayer identification number (TIN) 23-2154856
	Number, street, and room or suite no. If a P.O. box, see instructions. 1709 SPRUCE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19103	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KIMBERLY A. GROSSMAN, CPA**
1709 SPRUCE ST - PHILADELPHIA, PA 19103

Telephone No. **(215) 893-9000** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **JULY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **SEP 1**, 20 **24**, and ending **AUG 31**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)