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Form **990-EZ**

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning Apr 1, 2009, and ending Mar 31, 2010

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**CARTERSVILLE SERVICE LEAGUE**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P. O. BOX 1678**  
 City or town, state or country, and ZIP + 4  
**CARTERSVILLE GA 30120**

**D** Employer identification number  
**58-1341339**

**E** Telephone number  
**(770) 382-5561**

**F** Group Exemption Number

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ►

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ► **N/A**

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 4 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 138,267.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE		EXPENSES		ASSETS	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe ► See Other Expenses Statement)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	17	<b>Total expenses.</b> Add lines 10 through 16		
6a	Gross revenue (not including \$ 35,102. of contributions reported on line 1)				
6b	Less: direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe ► See Other Revenue Statement)				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,332.	14,057.
23 Land and buildings	0.	0.
24 Other assets (describe ► )	0.	0.
25 <b>Total assets</b>	14,332.	14,057.
26 <b>Total liabilities</b> (describe ► )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	14,332.	14,057.

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

Form 990-EZ (2009)

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose? **CIVIC AND VOLUNTEER SERVICES**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	THE SERVICE LEAGUE FOSTERS INTEREST IN THE SOCIAL, ECONOMIC, AND CULTURAL CONDITIONS IN THE CARTERSVILLE COMMUNITY		
	(Grants \$ 61,400. ) If this amount includes foreign grants, check here	28 a	73,686.
29			
	(Grants \$ ) If this amount includes foreign grants, check here	29 a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here	30 a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	73,686.

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. See L-35 Stmt		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		

**42a** The organization's books are in care of **42a** MASHBURN & RANSOM, P.C. Telephone no **42a** (770) 382-5561  
 Located at **42a** 809 WEST AVENUE CARTERSVILLE, GEOR **42a** IA ZIP + 4 **42a** 30120

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country **42b**

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

	Yes	No
<b>44</b>		X
<b>45</b>		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

<b>Sign Here</b>	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.			
	<b>Signature of officer</b> <i>Allison S. Evans</i>		<b>Date</b> <i>12/8/11</i>	
	<b>Type or print name and title</b> <i>Allison S. Evans Treasurer</i>			
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> <i>Kelley P. Lammings CPA</i>	<b>Date</b> <i>01/21/11</i>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's Identifying Number (See instructions)</b>
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> <i>MASHBURN &amp; RANSOM, PC</i>		<b>EIN</b> <i>382-5561</i>	
	<i>809 WEST AVENUE</i>		<b>Phone no</b> <i>(770) 382-5561</i>	
	<i>CARTERSVILLE GA 30120</i>			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Employer identification number

58-1341339

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations          |  |

☐ Yes ☐ No

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 DANCE (event type)	(b) Event #2 RUMMAGE SALE (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	41,226.	57,918.	26,750.	125,894.
	2 Less: Charitable contributions		35,102.		35,102.
	3 Gross income (line 1 minus line 2)	41,226.	22,816.	26,750.	90,792.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,250.			1,250.
	7 Food and beverages	1,739.			1,739.
	8 Entertainment	1,000.			1,000.
	9 Other direct expenses	4,970.	4,919.	16,611.	26,500.
	10 Direct expense summary Add lines 4- through 9 in column (d)				30,489.
	11 Net income summary. Combine lines 3, column (d) and line 10				60,303.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name. ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address of the third party:

Name. ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name. ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided. ▶ \_\_\_\_\_

☐

Director/officer

☐

Employee

☐

Independent contractor

**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_

BAA

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Schedule G (Form 990 or 990-EZ) 2009



Form 990-EZ, Part I, Line 8

**Other Revenue Statement**

Other revenue (describe)

LUNCHEON INCOME	2,856.
MISCELLANEOUS INCOME	29.

Total	2,885.
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Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

BANK CHARGES	132.
FLOWERS	427.
OFFICE EXPENSES	1,018.
SUPPLIES	252.
LUNCHEON EXPENSES	6,209.
WEB SITE	150.
VOLUNTEER OF THE YEAR AWARD	47.
T SHIRTS	472.
MERCHANT FEES	240.
BOARD MEETINGS	250.
MISC EXPENSE	50.

Total	9,247.
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Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**Purpose of Payment TO SUPPORT SERVICES PROVIDED BY AGENCY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SERVICES TO AT RISK YOUTH	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> BOYS & GIRLS CLUB OF BARTOW CO P. O. BOX 455 CARTERSVILLE GA 30120	NONE	18,718.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**Purpose of Payment EDUCATION SCHOLARSHIPS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>EDUCATION</u>	Business <input type="checkbox"/> Person <input type="checkbox"/>		
<u>SCHOLARSHIPS</u>	<u>THE ETOWAH FOUNDATION</u>	<u>NONE</u>	
	<u>P. O. BOX 1239</u>		
	<u>CARTERSVILLE GA 30120</u>		<u>8,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT VARIOUS CHARITABLE ORGANIZATIONS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>VARIOUS</u>	Business <input type="checkbox"/> Person <input type="checkbox"/>		
	<u>VARIOUS</u>	<u>NONE</u>	
			<u>34,682.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment DONATION OF USED CLOTHING & HOUSEHOLD ITEMS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CLOTHING</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
<u>HOUSEHOLD ITEMS</u>	<u>VARIOUS</u>	<u>NONE</u>	
			<u>12,286.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property CLOTHING & HOUSEHOLD ITEMS LEFT OVER FROM RUMMAGE SALEDate of Gift Various

Book Value	How Book Value Determined
<u>12,286.</u>	<u>THRIFT STORE VALUE</u>
FMV	How FMV Determined
<u>12,286.</u>	<u>THRIFT STORE VALUE</u>

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Explanation Statement

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Form/Line: Form 990-EZ, Part VLine 35Explanation of: Not Reporting Income on Form 990-T

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ALL FUNDRAISING EVENTS ARE ONE TIME EVENTS; NOT ONGOING ACTIVITIES. ALL EVENTS  
ARE OPERATED BY VOLUNTEERS.

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