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Form 990-EZ

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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)

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

Α	For the 2009 ca	elendar year, or tax year beginning Jun 1 , 2009, and ending I	May 31		, 2010				
B_	Check if applicable	C Name of organization	P	Employer i	dentification number				
Ш	Address change	Please use IRS Selma Charity League, Inc		63-08	28656				
Щ	Name change	label or Po box, if mail is not delivered to street address) Room/suite	E	Telephone	number				
H	Initial return	type. P.O. Box 1532		13341	875-1000				
\vdash	Termination	Specific City or town state or country, and ZIP + 4	 	(334)	073 1000				
Н	Amended return	instruc.	F	Group E:	xemption				
Ш	Application pending			Number					
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method X Cash Accrual Other (specify) ▶								
			neck ► X	if the org	ganization is not				
1	Website: ► N		quired to atta	ach Sched	dule B (Form 990,				
J	Tax-exempt status	(check only one) $ \times$ 501(c) (3) \triangleleft (insert no) \perp 4947(a)(1) or \perp 527	0-EZ, or 990	J-PF)					
ĸ	Check ► If	the organization is not a section 509(a)(3) supporting organization and its gross rec	ceipts are no	ormally no	ot more than				
	\$25,000 A For	m 990-EZ or Form 990 return is not required, but if the organization chooses to file ϵ	a return, be	sure to fi	le a complete return				
Ļ	Add lines 5b, 6 instead of Form	b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 is 990-EZ		► \$	11,628.				
Pa	art I 🐲 Rev	enue, Expenses, and Changes in Net Assets or Fund Balances (S	see the ins	struction					
ئت		ions, gifts, grants, and similar amounts received .		1					
	1	service revenue including government fees and contracts		2					
		hip dues and assessments		3	6,742.				
	1	nt income		4	1,080.				
		nount from sale of assets other than inventory 5a		-					
		st or other basis and sales expenses 5b		-					
R	1	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c					
Ë		nts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	▶ [1 30 	_ , , _ , , , , , , , , , , , , , , , , , ,				
REVENU				J					
ũ	a Gloss lev	venue (not in qualing RECEIVED of contributions	2 00	_					
E		on line 1) 6a 6b	3,806						
	b Less dire		2,322		1 404				
		or (loss) from special events and activities (Subtract line for from line 6a)		6c	1,484.				
		es of inventory Tess returns and allewances 7a		_					
	b Less cos	of goods sold 7b							
	1			7c					
	i .	ue (describe >)	8	 -				
	9 Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ 9	9,306.				
	10 Grants ar	nd similar amounts paid (attach schedule)		10					
F	11 Benefits	paid to or for members		11					
χ̈́P	12 Salaries,	other compensation, and employee benefits		12					
Ε	13 Profession	nal_fees and_other_payments_to_independent_contractors		13 -					
N_ S	14 Occupan	cy, rent, utilities, and maintenance		14	1,356.				
E	15 Printing,	publications, postage, and shipping		15	3,173.				
•	16 Other expen	ses (describe See Other Expenses Statement)	16	4,227.				
		enses. Add lines 10 through 16		▶ 17	8,756.				
		r (deficit) for the year (Subtract line 17 from line 9)		18	550.				
A	10 No.	is or fund balances at beginning of year (from line 27, column (A)) (must agree with	and of year	,					
N S	figure rep	orted on prior year's return)	i end-or-year	19	95,869.				
Ţ	20 Other cha	anges in net assets or fund balances (attach explanation)		20					
S	1	is or fund balances at end of year. Combine lines 18 through 20		▶ 21	96,419.				
Pa		ince Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file F	orm 990 ins	tead of F					
<u></u>			Beginning of		(B) End of year				
22	Cash, saving	s, and investments		69. 22	96,419.				
23				0. 23	0.				
24				0.24	0.				
25		`	95,8		96,419.				
	Total liabilitie	es (describe >		0. 26	0.				
27		fund balances (line 27 of column (B) must agree with line 21)	95,80		96,419.				
_		Act and Paperwork Reduction Act Notice, see the separate instructions.		<u> 1 </u>	Form 990-EZ (2009)				

Form 990-EZ (2009) Selma Charity L				082					
Part III Statement of Program Se		s (See the instruction	ons.)	(Pag	Expenses uired for section				
What is the organization's primary exempt purpose? Ch Describe what was achieved in carrying out th describe the services provided, the number of program title.	501 (d organ 4947	(a)(3) and (4) hizations and section (a)(1) trusts, optional thers)							
28 Provide assistance to oth that benefit needy and un				10. 0					
that benefit heedy and un	iderbilivileded Tudi	viduais.							
	nis amount includes foreign gr	ants, check here	<u></u>	28 a	1,097.				
29									
(Grants \$) If the	nis amount includes foreign gr	ants, check here	<u> </u>	29 a					
30									
(Grants \$) If the	nis amount includes foreign gr	ants, check here	-	30 a					
31 Other program services (attach schedule									
(Grants \$) If the service expenses (add line)	nis amount includes foreign gr	ants, check here	<u> </u>	31 a	1,097.				
Part IV List of Officers, Directors		plovees. List each or							
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	to is and	(e) Expense account and other allowances				
Jana Garner									
516 Mallory Drive	President	_		_					
Selma AL 36701 Sarah Youngblood	1.00	0.		0.	 				
126 Christie Lane	 Vice-President								
Selma, AL 36701	1.00	0.		0.					
Kea Calame									
403 Drayton Drive	Treasurer								
Selma AL 36701	1.00	0.	-	0.					
				Ì					
				ı					
									
				ĺ					

Page 2

	n 990-EZ (2009) Selma Charity League, Inc 63-0828656	5	F	age 3				
Pa	rt V Other Information (Note the statement requirements in the instrs for Part V.)		Yes	No				
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		163	110				
55	each activity	33 34		<u>x</u>				
34	34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes							
35	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							
,	a 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?	35 a		х				
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x				
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.							
1	b Did the organization file Form 1120-POL for this year?	37 b		X				
38 :	a 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?	38 a		<u>x</u>				
1	b If 'Yes,' complete Schedule L, Part II and enter the total							
30	amount involved Section 501(c)(7) organizations Enter			-				
	a Initiation fees and capital contributions included on line 9							
	b Gross receipts, included on line 9, for public use of club facilities 39b							
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	·*;						
	section 4911 ►, section 4912 ►, section 4955 ►	- 3	*					
ı	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	40 b		X				
(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.		· t					
(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization							
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T							
41	List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with the copy of this return is filed List the states with the copy of this return is filed List the copy of the copy of the copy of this return is filed List the copy of the c	40 e		<u>X</u>				
	Telephone no (334) Located at 403 Drayton Drive 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-		-787 Yes	8				
Ć	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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		X				
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	•	· 🗌					
44	Did the organization mountain any depart adjusted funded 16 No. 1 Ferm 200 miles 1 to 1		Yes	No				
	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X				
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		X				

BAA

Form 990-EZ (2009)

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 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 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Х 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Х 49 a Did the organization make any transfers to an exempt non-charitable related organization? Х 49 a b If 'Yes,' was the related organization a section 527 organization? 49b 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 (b) Title and average hours per week devoted to position (d) Contributions to employ benefit plans and deferred compensation (c) Compensation (e) Expense (a) Name and address of each employee paid more than \$100,000 other allowances None f Total number of other employees paid over \$100,000 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 None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Veasiver Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's signature Paid 09/23/10 employed Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 MATTI OAKS CPA parer's вох PO Use EIN Only 36702-0344 872-0178 SELMA ALPhone no ►X May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Sel Par		harity Lead		s (All organizations	must	comple	ate this	nart '	•	328656	
			•	se it is: (For lines 1 throu					366 1	i isti uct	10115
111e (Č			•	•		•	•			
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
4	_		-	d in conjunction with a ho	ospital d	escribed	ın secti	on 170(Ь)(1)(А)	(iii) Ente	er the hospital's
5											
_			Complete Part II)								
6 7	☐ Ar	n organization tha		jovernmental unit describ substantial part of its sup art II.)					or from t	he gene	ral public described
8				70(b)(1)(A)(vi). (Complete	e Part II)					
9				1) more than 33-1/3 % of			contrib	utions	member	shin fees	s and gross receints
-	fro	om activities relat vestment income	ted to its exempt funct	ions – subject to certain ss taxable income (less s	exception	ons, and	(2) no r	nore tha	an 33-1/	3 % of it:	s support from gross
10	Ar	n organization org	ganized and operated	exclusively to test for put	olic safe	ty See s	section 5	509(a)(4).		
11	m	ore publicly supplescribes the type	orted organizations de of supporting organiz	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or s 11e thro	ection 5 ough 11h	09(a)(2) 1	. See s	or carry ection 5	out the 09(a)(3).	purposes of one or Check the box that
	_ a	Type I	b Type II	c 💹 Type II	I – Fund	tionally	ıntegrate	ed		d 📙	Type III- Other
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f		the organization neck this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II c	r Type	III suppo	orting org	ganization,
g	Sı	nce August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ution froi	n any of	the fol	owing p	ersons?	
									•		Yes No
	(i)	a person who	directly or indirectly of	controls, either alone or to	ogether [,]	with per	sons des	scribed	ın (ıı) an	d (III)	11.0
	/ :::	· -		ipported organization?							11 g (i)
	(ii)	•	iber of a person descri	• ,	_						11 g (ii)
	•	•	• •	described in (i) or (ii) ab							11 g (iii)
h			l .	ne supported organization	1		1		li .		
	(i) Na	ame of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	(i) of	organizat	zed in the l	(viı) Amount of Support
					Yes	No	Yes	No	Yes	No	
					· -		ļ				
		· · · · · · · · · · · · · · · · · · ·									
									i	ľ	
										+	
				x ³ , 4		 					
Total				, , , ,							
		vacy Act and Paperw	ork Reduction Act Notice,	see the Instructions for Form	990 or 990)-EZ.		;	Schedul	e A (Forr	m 990 or 990-EZ) 2009

Par	t II Support Schedule for	Organizations	Described in	Sections 170	bX1XAXiv) an	d 170/bY1YAY	vi)		
	(Complete only if you check					, -(-)(.)(.)	,		
Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				* #	2 -			
6	Public support. Subtract line 5 from line 4	n 🐠	.4 × 🔖	»."		^ .			
Sec	tion B. Total Support					·			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10	*	٠, -1 ٨	*		ž.			
12	Gross receipts from related activ	ities, etc (see inst	tructions)			12			
⁻ 13 ⁻	First five years. If the Form 990	is for the organiza	tion's-first; second	f, third, fourth, or	-fifth-tax-year as-a	a-section-501(c)(3))——————		
Sec	organization, check this box and tion C. Computation of Pu		ercentage				<u> </u>		
14				11 column (f)		14	%		
	Public support percentage from 2		.,	iri, colailiir (i)		15			
	33-1/3 support test – 2009. If the and stop here. The organization	e organization did	not check the box	on line 13, and t	he line 14 is 33-1				
Ь	33-1/3 support test – 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more, che	eck this box		
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ar	nd-circumstances	test, check this be	ox and stop here.	Explain in Part IV	how		
b	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								

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

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

	(Complete only if you ched	ked the box on lir	ne 9 of Part I)	_									
Sec	tion A. Public Support			-			_						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total						
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	8,565.	9,320.	8,528.	9,537.	6,743.	42,693.						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	41,387.	15,165.	4,659.	35,959.	3,806.	100,976.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	, , , , , , , , , , , , , , , , , , , ,		-,									
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
5	The value of services or facilities furnished by a governmental unit to the organization without charge												
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2	49,952.	24,485.	13,187.	45,496.	10,549.	143,669.						
·	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year												
С	Add lines 7a and 7b												
8	Public support (Subtract line		*		: ::	,\$., ,							
	7c from line 6)				,	3° 4 ° 14.	143,669.						
Sec	tion B. Total Support												
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total						
	Amounts from line 6	49,952.	24,485.	13,187.	45,496.	10,549.	143,669.						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,788.	2,170.										
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1,868.	1,856.	1,080.	8,762.						
	Add lines 10a and 10b Net income from unrelated business -activities-not-included-inline-10b, whether or not the business is regularly carried on	1,788.	2,170.	1,868.	1,856.	1,080.	8,762.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
13	Total support. (add Ins 9, 10c, 11, and 12)	· · · · · · · · · · · · · · · · · · ·	> • < 2 5 massy/	Ar and a superior of the		· ·	152,431.						
14	First five years. If the Form 990	s for the organiza	tion's first, second	I, third, fourth, or	fifth tax year as a	section 501(c)(3)	. [
	organization, check this box and	stop here					<u> </u>						
	tion C. Computation of Pul					· · · · · · · · · · · · · · · · · · ·							
15	Public support percentage for 200	09 (line 8, column	(f) divided by line	13, column (f))		15	94.25%						
16	Public support percentage from 2	2008 Schedule A, F	artin, mie 13		Section D. Computation of Investment Income Percentage								
				· · · · · · · · · · · · · · · · · · ·		_							
Sec	tion D. Computation of Inv	estment Incon	ne Percentage		n (f))	17	5.75%						
<u>Sec</u>	tion D. Computation of Inv Investment income percentage for	estment Incon or 2009 (line 10c, c	ne Percentage column (f) divided	by line 13, column	n (f))		5.75%						
17 18	tion D. Computation of Inv	estment Incon or 2009 (line 10c, com om 2008 Schedule ne organization did	ne Percentage column (f) divided e A, Part III, line 1 I not check the box	by line 13, column 7 x on line 14, and	line 15 is more th	18 an 33-1/3%, and lin	5.60%						
17 18 19 a	Investment income percentage for Investment income percentage for Investment income percentage from 33-1/3 support tests — 2009. If the	estment Incon or 2009 (line 10c, c om 2008 Schedule ne organization did ox and stop here. ne organization did this box and stop	ne Percentage column (f) divided e A, Part III, line 1 i not check the bot The organization of I not check a box here. The organiz	by line 13, column 7 x on line 14, and qualifies as a publi on line 14 or 19a, ation qualifies as a	line 15 is more th icly supported org and line 16 is mo a publicly support	an 33-1/3%, and lin ianization re than 33-1/3%, ared organization	5.60 % ne 17 is not ► X						

Schedule #	(Form 990 or	990-EZ) 2009	Selma	Charity	League	Inc	63	3-0828656	Page 4
Part IV	Suppleme Part II, line	ntal Informa 17a or 17b	ition. Con ; and Par	nplete this	s part to pi 12. Provid	rovide e any	the explanations require other additional informa	ed by Part II, In Ition See instr	ine 10; ructions.
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Form	990-EZ,	Part I, L	.ine 16
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Other Expenses Statement

Other expenses (describe)	
Committees	1,673.
Programs	1,097.
Gifts/Donations	1,457.
Total	4,227.