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Department of the Treasury Internal Revenue Service

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) Sponsoring organizations of donor advised funds, organizations that operate one more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

Open to Public Inspection

		e 2010 calendar year, or tax year beginning.			and e	nding						_
B 0	pplica	C Name of organization						D Emp	loyer	identification	on number	ı
] _{Add}	ess change										
] _{Nam}	change CLARKSBURG LEAGUE FOR SERVICE		rc.						43933	2	_
Number and street (or P.O. box, if mail is not delivered to street address)						Room	/suite	E Tele	phon	e number	-	
	Tern	nated P.O. BOX 35				<u> </u>		3	04	623-1	281	
] Ame	ded return City or town, state or country, and ZIP + 4						F Gro	ир Ех	emption		
	Appli	ation pending CLARKSBURG, WV 26301	_					Nun	nber I	<u> </u>		
G A	Ассои	nting Method [*] X Cash Accrual Other (specify)	•					H Che	ck 🕨	► X f the	organizatio	on
1 4	Vebsi	e: N/A						requ	ured t	o attach Sch	redule B	
<u>J</u> T	ax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◀(in	sert no)	49	947(a)(1)	or	527	(For	m 99	0, 990-EZ, o	r 990-PF)	
K	Check	If the organization is not a section 509(a)(3) supporting organization	n and its g	ross r	eceipts ar	e norm	ally not	more t	han \$	50,000. A F	orm 990-E	<u>-</u> z
		90 return is not required though Form 990-N (e-postcard) may be required (s										
		te return.		•						,		
LA	\dd lir	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are §	200,000 c	r more	, or if tot	al asset	s (Part	11,				_
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990			•			ĺ	▶ \$	3	1077	7
	art I		or Func	l Bal	ances	(see th	e ınstru	ctions	for Pa	irt i.)		
		Check if the organization used Schedule O to respond to any question in the	us Part I									
	1	Contributions, gifts, grants, and similar amounts received	······································						1	1	507	7
	2	Program service revenue including government fees and contracts						ļ	2			
	3	Mernbership dues and assessments						Ī	3		3 5	<u>-</u> 5
	4 Investment income SEE SCHEDULE O						0	Ţ	4	7:10		
	5a	Gross amount from sale of assets other than inventory		5a						200		
	Ь	Less: cost or other basis and sales expenses		5b							F	7
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								5c	.303	£	
	6 Gaming and fundraising events									225	7	3
4	a									1	ω	72
Revenue	_	\$15,000)		6a				İ			,	<u>.</u>
cve	ь	Gross income from fundraising events (not including \$			tribution	ıs				1-27 E.S.	MAY	35
Œ	-	from fundraising events reported on line 1) (attach Schedule G if the sum of such									ي ڪ	7
		gross income and contributions exceeds \$15,000) 6b 5189				96.		200	Ü			
	c	Less: direct expenses from gaming and fundraising events		6c			963			Es a		
	l d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6	dus bas di		ne 6c)		<u> </u>	 	6d	5	<444	4
	7 a	Gross sales of inventory, less returns and allowances		7a	,			Ĭ		-		=
	Ь	Less; cost of goods sold	ľ	7b						1		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c	1		
	8	Other revenue (describe in Schedule O)							3	 		_
	q	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						>	3		114	$\overline{4}$
	10	Grants and similar amounts paid (list in Schedule 0)	SE	E S	CHED	TILE	0		10	 	90	
	11	Benefits paid to or for members				J	_	+	11	<u> </u>		_
_s	12	Salaries, other compensation, and employee benefits						ļ	12	 		_
Expenses	13	Professional fees and other payments to independent contractors						i	13	 		3
bei	14	Occupancy, rent, utilities, and maintenance						ļ	14	†		-
ŭ	15	Printing, publications, postage, and shipping						ļ	15			7
	16	Other expenses (describe in Schedule 0)	SE	न द	CHED	H.TU	0	İ	16	 	34	
	17	Total expenses Add lines 10 through 16	CH)	_ 0	لاستددت		J	▶	17	i	135	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						-=-	18	 -	<20	
ets		Net assets or fund balances at beginning of year (from line 27, column (A))						}				<u>-</u> .
SSE	19	(must agree with end-of-year figure reported on prior year's return)							19		1581	1
Net Assets	00							}		 	1001	<u>- '</u>
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)						\ \ \	20	 	1560	_
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						<u> </u>	21	L	990-EZ	

Form 990-EZ (2010) CLARKSBURG LEAGUE FOR	SERVICE, INC.		<u> 55-</u>	<u>-04393</u>	<u> 332 </u>	Page 2
Part II Balance Sheets. (see the instructions for Part II.)						
Check if the organization used Schedule 0 to respond to any que	estion in this Part II				<u> </u>	
		(A) Beginning of year		(B)	End of year	
22 Cash, savings, and investments		158180	. 22	ļ	<u> 1560</u>)90.
23 Land and buildings			23	<u> </u>		
24 Other assets (describe in Schedule 0)			24	<u> </u>	<u> </u>	
25 Total assets		<u> 158180</u>	. 25	<u> </u>	<u> 1560</u>	190 <u>.</u>
26 Total liabilities (describe in Schedule 0)		0		ļ		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line	e 21)	<u> 158180</u>	. 27		<u> 1560</u>	<u> 190.</u>
Part III Statement of Program Service Accomplish	•	or Part III.)	_		xpenses	
Check if the organization used Schedule O to respond to any qu					d for section) and 501(c)	
What is the organization's primary exempt purpose? CIVIC SERVIO				organizati	ions and sei	ction
Describe what was achieved in carrying out the organization's exemp	t purposes. In a clear and co	ncise manner, descri	be	4947(a)(1	1) trusts; op	tional
the services provided, the number of persons benefited, and other rel		rogram title		PI D	·- <i>l</i>	
28 STUDENT SCHOLARSHIPS, SCHOLASTIC	ACHIEVEMENT			#3		
					60	
					35	
(Grants \$ 9000.) If this amount includes fore	eign grants, check here	<u></u>		28a	= 2	<u> '금</u>
29 AMY'S ATTIC		<u> </u>			<u> </u>	
				10/2	ျှို့ ထာ	<u></u>
		· · · · · · · · · · · · · · · · · · ·		120	3° ←	<u>, juli</u>
(Grants \$ 75819.) If this amount includes fore	eign grants, check here	<u> </u>		29a 🚉 🧐	W W	<u> </u>
30				1 10	i ij	ij
				27.	- <u>C</u> 7.3	
				35 T	"@£ ≷@∩	
(Grants \$) If this amount includes fore	ign grants, check here	<u> </u>		302		
31 Other program services (describe in Schedule O)				益		
(Grants \$) If this amount includes fore	ign grants, check here	<u> </u>		31a		
32 Total program service expenses (add lines 28a through 31a)			▶	32		0.
Part IV List of Officers, Directors, Trustees, and Ke	ey Employees. List each one	even if not compensated (sea the	instructions f	ior Part IV)	
Check if the organization used Schedule 0 to respond to any que	estion in this Part IV					
	(b) Title and average hour	1		ontributions employee	(e) Expe	
(a) Name and address	per week devoted to	(If not paid, enter	bena	fit plans &	account	
	position	-0)		eferred pensation	other allow	/ances
JULIE LUCAS	PRESIDENT				İ	
PO BOX 35, CLARKSBURG, WV 26301	5.00	0.		0.		0.
REBECCA KORN	VICE-PRES					
PO BOX 35, CLARKSBURG, WV 26301	5.00	0.		0.		0.
ANNE JOHNSON	SECRETARY					
PO BOX 35, CLARKSBURG, WV 26301	5.00	0.		0.		0.
VANESSA SCHOETZ	TREASURER					
PO BOX 35, CLARKSBURG, WV 26301	5.00	0.		0.		0.
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2-02-11				Form !	990-EZ	(2010)

P	art V Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule 0 to respond to any question in this Part V			X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		ĺ	1
	Schedule O	33		<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34_		<u> </u>
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, explain in Schedule O why the organization did not report the income on Form 990-T.			1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			١.,
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	37./	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			1,7
	complete applicable parts of Schedule N	36		X_
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.		3,7
	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
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	00-		37
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section FO(4)/(2) executations Fotor:			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A	1		}
a	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40.0	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	\dashv \vdash		ļ
40 a	section 30 N(C)(S) organizations. Either amount of tax imposed on the organization during the year under section 4911			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	.		
u	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40ь		X_
r	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		- 25
٠	· · · · · · · · · · · · · · · · · · ·	.		
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	<u>-</u>		
ŭ				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	<u> </u>		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE			
42 a	The organization's books are in care of ► VANESSA SCHOETZ Telephone no. ► 3042	03789	7	
		2630		
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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:	_		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_X_
	If "Yes," enter the name of the foreign country:	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ſ		Γ
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X_
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		<u>X</u> _
	Did the organization receive any payments for indoor tanning services during the year?			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," brown and whole a form 720 to report these payments? If "No," brown a file of the payments? If "No," brown a file of the payments?	心		
	IN Schedule O MINI AFED A SCHOOL SCHO	44d		100:00
	Richard Aggregation Aggregation and Aggregatio	Form 9	90-EZ ((2010)
	MAÝ 1 0 2011			

MAY 18 2011



Form 990-EZ	(2010) CLARKSBURG LEAGUE FOR SEF	RVICE, INC.		55-0439	332		Page 4
						Yes	No
	elated organization a controlled entity of the organization within the	•			45		X
	organization receive any payment from or engage in any transaction w	-	e meaning of section	512(b)(13)?		i	l
	Form 990 and Schedule R may need to be completed instead of Form organization engage, directly or indirectly, in political campaign activities		n to candidates for ni	iblio office?	45a	-	X
	complete Schedule C, Part I	55 On Denan of Or in opposition	ir to candidates for pe	TORC OTRICE?	46		X
Part VI	Section 501(c)(3) organizations and section 49	47(a)(1) nonexempt	charitable trus	sts only. All		1 501(c	
	organizations and section 4947(a)(1) nonexempt charitable trusts me		and 52, and complete	the tables for li	nes 50	and 51	i
	Check if the organization used Schedule 0 to respond to any question	ın this Part Vi				1.2	
47 Duditha	organization opening in labelium and the control of			1		Yes	
	organization engage in lobbying activities? If "Yes," complete Schei rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"				47 48		X
	organization make any transfers to an exempt non-charitable related or				49a		X
	was the related organization a section 527 organization?	gamaanan			49b		
50 Comple	te this table for the organization's five highest compensated employees	(other than officers, directors	, trustees and key en	nployees) who e	ach red	ceived i	more
than \$1	00,000 of compensation from the organization. If there is none, enter "I	· · · · · · · · · · · · · · · · · · ·					
	(a) Name and address of each section 1	(b) Title and average hours per week devoted to	(c) Compensation	(d) Contributions to employee	1 1	e) Expe	
	(a) Name and address of each employee paid more than \$100,000 NONE	position		benefit plans & deferred	account a other allowa		
	NONE			compensation			
					+-		
					1	 .	
	mber of other employees paid over \$100,000	>					
	e this table for the organization's five highest compensated independer	nt contractors who each receiv	ed more than \$100,0	000 of compens	ation fr	om the	!
Ulyaniza	tion. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more that	an \$100 000	(b) Type of serv	uce to	1 Com	pensati	
	(a)	an w 100,000	(b) Typo of dolly	100 10	7 00111	oonsun	011
			MITTERNAL E	: N = A : 1 : 1 : 1 : 1			
			WEI-FIE	īdāsust <i>i</i>			
			ลิสัเกิดรัฐ	7 - 1 10/1/ 2	633(n .	
			MAY	1 8 2011			
-			REC)		
				1508	_	·	
d Total our	mber of other independent contractors each receiving over \$100,000						
	rganization complete Schedule A? Note: All section 501(c)(3) organiza	tions and 4947(a)(1) nonexer	mot				
charitabl	e trusts must attach a completed Schedule A	, ,, ,	•	▶ □	Ye	s 🗀	☐ No
	Inder penalties of perury, I declare that I have examined this return, including accor orrect, and complete Declaration of preparer other than officer) is based on all info	npanying schedules and statement rmation of which preparer has any l	s, and to the best of my knowledge	knowledge and be	ief, it is	true,	
Sign	Signature of officer Schoolty		1	5/10/	<u> </u>		
Here		ASURER		54.0			
•	Type or print name and title	AZOKOK					
	Print/Type preparer's name Preparer's signature	Date	Check	If PTIN			
Paid	SECRET & SHIELDS, (0)		self- employ	ed			
Preparer	A.C.	05/10					
Use Only	Firm's name > SECRET & SHIELDS, A.C.		Firm's EIN	<u> </u>			
	Firm's address ► PO BOX 1150	•	Рһопе по.				
May the IRS di	CLARKSBURG, WV 263Q1 scuss this return with the preparer shown above? See instructions			N [Ye		No
032174	souss and return with the preparer shown above. See instructions						

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		CLARKS	BURG_LEAGUE :	FOR SI	ERVICE	E, INC			5	5-043	933.	2
Part I	Reason	for Public Cha	rity Status (All organ	ızatıons mı	ust comple	te this pa	rt.) See ins	tructions				
The organi	ization is not	a private foundation	because it is. (For lines	1 through	11, check	only one	box.)					
1 🔲	A church, co	onvention of churche	es, or association of chu	rches des	cribed in s	ection 170	Э(Ь)(1)(А)(i	١.				
2 🗀			70(b)(1)(A)(ii). (Attach S					,-				
з 🗔			ital service organization			170/b\/1	VΑViii)					
4			operated in conjunction					γ ι ν 1 γ Δ γ ί	ıi\ Enter	the hospit	tal'e na	me
- —	city, and sta		operated in our junction		opital dosc	inoca in a	ection in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii). Littoi	ine noopi	5 1141	,
5 🔲	-		benefit of a college or u	inivoroity o	wood or o	norated by		montol un	ıt dooonb	and in		
3			-	inversity c	iwiled of o	perated by	y a govern	memai un	n describ	Jeu III		
. 🗀		0(b)(1)(A)(iv), (Comp	•									
6			nent or governmental un									
7			ceives a substantial part	of its supp	port from a	governm	ental unit o	or from the	general	public de	scribed	ın
		(b)(1)(A)(vi). (Comple										
			section 170(b)(1)(A)(vi).									
9 X	An organizat	tion that normally red	ceives. (1) more than 33	1/3% of its	s support i	rom contr	ibutions, r	nembersh	ip fees, a	ınd gross ı	eceipts	from
	activities rela	ated to its exempt fu	nctions - subject to cert	aın except	ions, and (2) no more	e than 33	1/3% of its	support	t from gros	ss inves	stment
	income and	unrelated business t	taxable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired t	y the orga	anization	after June	30, 19	75
	See section	509(a)(2). (Complet	e Part III)									
10	An organizat	ion organized and o	perated exclusively to te	est for pub	lic safety	See sectio	on 509(a)(4).				
11	An organizat	tion organized and o	perated exclusively for t	he benefit	of, to perfe	orm the fu	nctions of	, or to carr	y out the	purposes	of one	or
	more publicl	y supported organiz	ations described in sect	ion 509(a)((1) or section	on 509(a)(2) See se	ction 509(a)(3). Ch	eck the bo	ox that	
	describes th	e type of supporting	organization and comp	let <u>e lin</u> es 1	1e through	11h						
	a Type	' Ь∟	_ Type II	с 📖 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III	- Other	
e	By checking	this box, I certify that	at the organization is no	t controlled	d directly d	r indirectly	y by one o	r more dis	qualified	persons o	ther th	an
	foundation n	nanagers and other t	than one or more public	ly supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50)9(a)(2)	
f	If the organiz	zation received a wri	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check tl			·							
g	Since Augus	t 17, 2006, has the o	organization accepted a	nv aift or c	ontribution	from anv	of the foll	owina per	sons?			
_	_		lirectly controls, either a								Yes	No
			upported organization?	_	,			(.,	,	11g(i		1
	=	- •	n described in (i) above?)						11g(ı		
			person described in (i)		e?					11g(ii		
			about the supported or							L:::Str	-/	
••			accut the cappointed of	94.112411011	(3).							
		400 FINI	(iii) Type of	(iv) is the	organization	(v) Did vo	u notify the	(vi) Is	the			
	of supported nization	(ii) EIN	organization		sted in your		ion in col.	i organizatio	on in col. I		Amount (Οĭ
Oi gai	112411011		(described on lines 1-9	1 ,,	document?		r support?	(i) organız U.S	.? III IIIE	51	pport	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·	(occ management)	-:		103		103	110			
				1			40.53	57 TO 1 1	E	(*************************************	المراب الم	11/03
				,			13	المنافية	() () () () () () () () () ()		SENT.	1
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								• •	24		<i>•</i>	
		 							215	00		_
				1								
<u>Total</u>								<u></u>				

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Р	(Complete only if you checke	-					•
	fails to qualify under the test			-	, ,		
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						177.232
	membership fees received. (Do not				}		ļ
	include any "unusual grants.")			ļ			
2	Tax revenues levied for the organ-				 		
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to	1	ł			1	
	the organization without charge			•		ł	
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,	İ					
	column (f)						
6	Public support. Subtract line 5 from line 4						
_	ction B. Total Support		L		,		
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(4) = 00	(5) 250:	(0) 2000	(0) 2000	(6) 25 16	(1) 1014
8	Gross income from interest,						
Ť	dividends, payments received on				,		620000
	securities loans, rents, royalties				INTERN	AL REVENUE	SERVICE
	and income from similar sources				N.S.		5 14170 US 1 2322A
9	Net income from unrelated business				<u> हिस्स्थि</u>	***************************************	/ (Manifally)
J	activities, whether or not the				i	MAY 18 20	11
	business is regularly carried on					ויזאו יט בט	i I
10	Other income Do not include gain				1,	KIEWEII VIE	
10	or loss from the sale of capital				u u		
	assets (Explain in Part IV)	ļ				21508	
44	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ax vear as a sectio		
	organization, check this box and stop	•		a, .oa, or	ax your as a section	00 . (0)(0)	
Sec	ction C. Computation of Publi		rcentage			·	
14	Public support percentage for 2010 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2009			.,,		15	%
16a	33 1/3% support test - 2010.If the or	ganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	-					▶□
h	33 1/3% support test - 2009. If the or		•		line 15 is 33 1/3%	or more, check th	ıs box
_	and stop here. The organization quali	-		•			▶ []
172	10% -facts-and-circumstances test	· ·			13, 16a, or 16b, a	nd line 14 is 10% i	or more.
., a	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances"			•		non the organ	▶
h	10% -facts-and-circumstances test			- · · ·	_	7a. and line 15 is 1	
	more, and if the organization meets th	-					
	organization meets the "facts and organization				-		` ⊾ ┌─

Schedule A (Form 990 or 990-EZ) 2010

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	44337.	64917.	47712.	<u>57875.</u>	106212.	321053.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<43413.	· <41434.	> <13459.	> <39212.	> <44418.	><181936.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					W _D >	, , , , , , , , , , , , , , , , , , ,
	iness under section 513	1			The same		1 V ()
4	Tax revenues levied for the organ-				F.S.W.	7.2	3280
	ization's benefit and either paid to				E street	1	
	or expended on its behalf	1			į.	AY 18 2011	
5	The value of services or facilities						3
	furnished by a governmental unit to	}			j~i		الما
	the organization without charge					21508	
6	Total, Add lines 1 through 5	924.	23483.	34253.	18663.	61794.	139117.
_	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	,					0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	Add lines 7a and 7b		• • • • • •				0.
	Public support (Subtract line 7c from line 6)						139117.
	tion B. Total Support					<u> </u>	1 13344,4
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	924.	23483.	34253.	18663.	61794.	139117.
-	Gross income from interest,			012001	200001		100111
	dividends, payments received on			ŀ	ı		
	securities loans, rents, royalties and income from similar sources	3194.	3632.	1702.	265.	1551.	10344.
h	Unrelated business taxable income	3134.	3032.	1702.	203.	1001.	10044.
b	(less section 511 taxes) from businesses		i				
	acquired after June 30, 1975			ļ			
_	Add lines 10a and 10b	3194.	3632.	1702.	265.	1551.	10344.
_	Net income from unrelated business	2174.	3032.	1/02-			10244.
•	activities not included in line 10b,			İ			
	whether or not the business is regularly carried on			ļ			
12	Other income Do not include gain						
.~	or loss from the sale of capital						
40	assets (Explain in Part IV)	4118.	27115.	35055	10020	62245	140461
	Total support (Add lines 9, 10c, 11, and 12)			35955.	18928.	63345.	149461.
14	First five years. If the Form 990 is for	the organization's i	irst, secona, tnira	, tourth, or thith tax	k year as a section	n 501(c)(3) organiz	ation,
200	check this box and stop here stion C. Computation of Publi	c Support Por	centage				
				-1 (0)		45	03 00 %
	Public support percentage for 2010 (li			olumn (t))	•	15	93.08 %
	Public support percentage from 2009					16	90.64 %
	tion D. Computation of Inves			40 1 10			<u> </u>
	Investment income percentage for 20	•	•	e 13, column (f))		17	6.92 %
	Investment income percentage from 2				•	18	9.36 %
19a	33 1/3% support tests - 2010. If the	•		·			
	more than 33 1/3%, check this box an	·	-	• •			► [X]
	33 1/3% support tests - 2009. If the	•				•	and
	line 18 is not more than 33 1/3%, chec		_	•		=	▶
20_	Private foundation. If the organization	did not check a bo	ox on line 14, 19a.	or 19b, check the	s box and see ins	tructions	▶
3202	3 12-21-10				Scho	edule A (Form 99	0 or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 55-0439332 CLARKSBURG LEAGUE FOR SERVICE INC. FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: 1551. INVESTMENT INCOME FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: SCHOLARSHIPS GRANTEE NAME: AMOUNT GIVEN: 9000. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 253. GENERAL AND ADMINISTRATIVE INTERIOL REVENUE SERVICE CORRESPONDANCE 339. 847. INSURANCE MAY 18 2011 863. 75TH ANIVERSERY RECEIVED 1140. PAST PRESIDENTS TOTAL TO FORM 990-EZ, LINE 16 3442. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

DID NOT,

Schedule O (Form 990 or 990-EZ) (2010)

TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

INDIRECTLY,

THE ORGANIZATION,

DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,