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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- 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 or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). 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.

**A** For the 2010 calendar year, or tax year beginning Apr 1, 2010, and ending Mar 31, 2011

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ 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) P. O. BOX 1678 Room/suite \_\_\_\_\_

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) \_\_\_\_\_

**I** Website: cartersvilleserviceleague.com

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 110,222.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received   | <b>1</b>  | 34,641. |
| <b>2</b>  | Program service revenue including government fees and contracts  | <b>2</b>  |         |
| <b>3</b>  | Membership dues and assessments  | <b>3</b>  | 4,102.  |
| <b>4</b>  | Investment income  | <b>4</b>  | 13.     |
| <b>5a</b> | Gross amount from sale of assets other than inventory  | <b>5a</b> |         |
| <b>b</b>  | Less: cost or other basis and sales expenses   | <b>5b</b> |         |
| <b>c</b>  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> |         |
| <b>6</b>  | Gaming and fundraising events  |           |         |
| <b>a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |         |
| <b>b</b>  | Gross income from fundraising events (not including \$ 34,641. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> | 64,580. |
| <b>c</b>  | Less: direct expenses from gaming and fundraising events   | <b>6c</b> | 18,580. |
| <b>d</b>  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b> | 46,000. |
| <b>7a</b> | Gross sales of inventory, less returns and allowances  | <b>7a</b> |         |
| <b>b</b>  | Less: cost of goods sold   | <b>7b</b> |         |
| <b>c</b>  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b> |         |
| <b>8</b>  | Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue   | <b>8</b>  | 6,886.  |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | <b>9</b>  | 91,642. |
| <b>10</b> | Grants and similar amounts paid (list in Schedule O) See L-10 Stmt   | <b>10</b> | 67,650. |
| <b>11</b> | Benefits paid to or for members  | <b>11</b> |         |
| <b>12</b> | Salaries, other compensation, and employee benefits  | <b>12</b> |         |
| <b>13</b> | Professional fees and other payments to independent contractors  | <b>13</b> | 510.    |
| <b>14</b> | Occupancy, rent, utilities, and maintenance  | <b>14</b> |         |
| <b>15</b> | Printing, publications, postage, and shipping  | <b>15</b> | 56.     |
| <b>16</b> | Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses  | <b>16</b> | 19,888. |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16   | <b>17</b> | 88,104. |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | 3,538.  |
| <b>19</b> | 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)   | <b>19</b> | 14,057. |
| <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b> |         |
| <b>21</b> | Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | 17,595. |

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

Form 990-EZ (2010)

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**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments . . . . .                                    | 14,057.               | 22 17,595.      |
| 23 Land and buildings . . . . .  | 0.                    | 23 0.           |
| 24 Other assets (describe in Schedule O) . . . . .                             | 0.                    | 24 0.           |
| 25 Total assets . . . . .  | 14,057.               | 25 17,595.      |
| 26 Total liabilities (describe in Schedule O) . . . . .                        | 0.                    | 26 0.           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 14,057.               | 27 17,595.      |

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐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, and other relevant information for each program title

**Expenses**

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

|  |     |         |
|--|-----|---------|
| 28 <u>THE SERVICE LEAGUE FOSTERS INTEREST IN THE SOCIAL, ECONOMIC, AND CULTURAL CONDITIONS IN THE CARTERSVILLE COMMUNITY</u> |     |         |
| (Grants \$ 55,525.) If this amount includes foreign grants, check here <input type="checkbox"/>                              | 28a | 88,104. |
| 29 _____   |     |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                     | 29a |         |
| 30 _____   |     |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                     | 30a |         |
| 31 Other program services (describe in Schedule O) . . . . .   |     |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                     | 31a |         |
| 32 Total program service expenses (add lines 28a through 31a) . . . . .  | 32  | 88,104. |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and address  | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|---|---|--|
| MARIANNE FORSYTH<br>25 BLACKFOOT TRAIL<br>CARTERSVILLE GA 30120     | PRESIDENT<br>3.00  | 0.  | 0.  |  |
| JENNIFER BELISLE<br>82 MISSION HILLS DR SW<br>CARTERSVILLE GA 30120 | VICE PRESIDENT<br>2.00                                   | 0.  | 0.  |  |
| MICHELE SIMS<br>2 STERLING CT<br>CARTERSVILLE GA 30120              | VICE PRESIDENT<br>2.00                                   | 0.  | 0.  |  |
| MELANIE POSTON<br>4 OXFORD DR.<br>CARTERSVILLE GA 30120             | SECRETARY<br>2.00  | 0.  | 0.  |  |
| MELISSA SMITH<br>103 TANGLEWOOD<br>CARTERSVILLE GA 30120            | SECRETARY<br>2.00  | 0.  | 0.  |  |
| DEDE EVANS<br>31 HEARTWOOD DR.<br>CARTERSVILLE GA 30120             | TREASURER<br>2.00  | 0.  | 0.  |  |
| BETH SLOCUM<br>21 OXFORD DR.<br>CARTERSVILLE GA 30120               | BOARD MEMBER<br>2.00                                     | 0.  | 0.  |  |
| ROBYN RHODES<br>P. O. BOX 222<br>TAYLORSVILLE GA 30178              | BOARD MEMBER<br>2.00                                     | 0.  | 0.  |  |
| DANA MCELWEE<br>17 BUCKINGHAM CT<br>CARTERSVILLE GA 30120           | BOARD MEMBER<br>2.00                                     | 0.  | 0.  |  |
| See List of Officers, Directors, Trustees, & Key Employees Stmt     |  |   |   |  |

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

|  | Yes | No |
|--|-----|----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O . . . . .  |     | X  |
| <b>34</b> 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) . . . . .   |     | 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, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .  |     |    |
| <b>a</b> 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 501(c)(6) organization 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 (see instructions)? . . . . .  |     |    |
| <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 tax year 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 ▶ ; section 4912 ▶ , section 4955 ▶ . . . . .  |     |    |
| <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 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 . . . . . |     | 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>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .   |     |    |
| <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 . . . . .  |     | X  |
| <b>41</b> List the states with which a copy of this return is filed ▶ . . . . .  |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>b</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)? . . . . . |     | X  |
| If 'Yes,' enter the name of the foreign country: ▶ . . . . .  |     |    |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>  |     |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .   |     | X  |
| If 'Yes,' enter the name of the foreign country: ▶ . . . . .  |     |    |

|  |  |   |
|--|--|---|
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here . . . . .                               |  |   |
| and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>  |  |   |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .      |  | X |
| <b>b</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 . . . . . |  | X |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .  |  | X |
| <b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .       |  |   |
| <b>44d</b>   |  |   |

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

|     | Yes | No |
|-----|-----|----|
| 45  |     | X  |
| 45a |     | X  |
| 46  |     | X  |

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

|     | Yes | No |
|-----|-----|----|
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

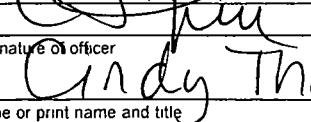
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |  |   |                  |   |      |
|------------------------|--|---|------------------|---|------|
| Sign Here              | Signature of officer  | Date 9-29-11                                    |                  |   |      |
|                        | Type or print name and title<br>Cindy Thompson, Treasurer  |   |                  |   |      |
| Paid Preparer Use Only | Print/Type preparer's name<br>KELLEY P. LEMMINGS, CPA  | Preparer's signature<br>KELLEY P. LEMMINGS, CPA | Date<br>09/26/11 | Check <input type="checkbox"/> if self-employed | PTIN |
|                        | Firm's name<br>MASHBURN & RANSOM, PC   |   |                  | Firm's EIN                                      |      |
|                        | Firm's address<br>809 WEST AVENUE<br>CARTERSVILLE GA 30120   |   |                  | Phone no (770) 382-5561                         |      |
|                        |  |   |                  |   |      |

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

BAA

Form 990-EZ (2010)

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.**

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization

CARTERSVILLE SERVICE LEAGUE

Employer identification number

58-1341339

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

.. ☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address 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 column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

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

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1<br><u>DANCE</u><br>(event type) | (b) Event #2<br><u>POINSETTIA SALE</u><br>(event type) | (c) Other events<br><u>NONE</u><br>(total number) | (d) Total events<br>(add column (a)<br>through column (c)) |
|-----------------|---|--|--|---|--|
|                 |   |  |  |   |  |
| REVENUE         | 1 Gross receipts  | 44,791.                                      | 19,789.  |   | 64,580.  |
|                 | 2 Less: Charitable contributions                                |  |  |   |  |
|                 | 3 Gross income (line 1 minus line 2)                            | 44,791.                                      | 19,789.  |   | 64,580.  |
| DIRECT EXPENSES | 4 Cash prizes   |  |  |   |  |
|                 | 5 Noncash prizes  |  |  |   |  |
|                 | 6 Rent/facility costs   | 1,815.                                       |  |   | 1,815.   |
|                 | 7 Food and beverages  | 2,372.                                       |  |   | 2,372.   |
|                 | 8 Entertainment   | 1,000.                                       |  |   | 1,000.   |
|                 | 9 Other direct expenses   | 2,956.                                       | 10,437.  |   | 13,393.  |
|                 | 10 Direct expense summary. Add lines 4- through 9 in column (d) |  |  |   | 18,580.  |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10  |  |  |   | 46,000.  |

**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.

|                 |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                 | (c) Other gaming  | (d) Total gaming<br>(add column (a)<br>through column (c)) |
|-----------------|---|---|---|---|--|
|                 |   |   |   |   |  |
| REVENUE         | 1 Gross revenue   |   |   |   |  |
|                 | 2 Cash prizes   |   |   |   |  |
| DIRECT EXPENSES | 3 Non-cash prizes   |   |   |   |  |
|                 | 4 Rent/facility costs   |   |   |   |  |
|                 | 5 Other direct expenses   |   |   |   |  |
|                 | 6 Volunteer labor   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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? ☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

|                              |     |   |
|------------------------------|-----|---|
| <b>b</b> An outside facility | 13b | 9 |
|------------------------------|-----|---|

Address ▶

c If 'Yes,' enter name and address of the third party

Address ▶

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? ☐ Yes ☐ No

**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 ▶ \$

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

CARTERSVILLE SERVICE LEAGUE

Employer identification number

58-1341339

Pt V, Line 35 ALL FUNDRAISERS ARE ONE TIME EVENTS; NOT ONGOING ACTIVITIES.

ALL FUNDRAISERS ARE RUN BY VOLUNTEERS.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

|                 |        |
|-----------------|--------|
| LUNCHEON INCOME | 6,044. |
| SPRING SOCIAL   | 842.   |
| Total           | 6,886. |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

|                             |         |
|-----------------------------|---------|
| RUMMAGE SALE EXPENSES       | 4,726.  |
| SPRING SOCIAL               | 8,033.  |
| BANK CHARGES                | 20.     |
| FLOWERS                     | 50.     |
| OFFICE EXPENSES             | 866.    |
| SUPPLIES                    | 149.    |
| LUNCHEON EXPENSES           | 5,431.  |
| VOLUNTEER OF THE YEAR AWARD | 45.     |
| MERCHANT FEES               | 114.    |
| MISC EXPENSE                | 454.    |
| Total                       | 19,888. |

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

| Name and address   | Title and average hours per week devoted to position | Compensation (if not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|--|--|---------------------------------------|---|--------------------------------------|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>CHARISSA PRITCHETT<br>11 WELLINGTON DR.<br>CARTERSVILLE GA 30120<br>Foreign city _____<br>Foreign country _____    | Title<br>BOARD MEMBER<br><br>Hours/Week<br>2.00      | 0.                                    | 0.  |                                      |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>JULIE EDWARDS<br>308 W. CHEROKEE AVE<br>CARTERSVILLE GA 30120<br>Foreign city .. _____<br>Foreign country .. _____ | Title<br>BOARD MEMBER<br><br>Hours/Week<br>2.00      | 0.                                    | 0.  |                                      |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>KELLIE WATKINS<br>18 IMPERIAL CT.<br>CARTERSVILLE GA 30120<br>Foreign city . _____<br>Foreign country . . . _____  | Title<br>BOARD MEMBER<br><br>Hours/Week<br>2.00      | 0.                                    | 0.  |                                      |

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

| Name and address  | Title and average hours per week devoted to position | Compensation (if not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|---|--|---------------------------------------|---|--------------------------------------|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>STEPHANIE JOHNSON<br>15 BOBWHITE TR<br>CARTERSVILLE GA 30120<br>Foreign city _____<br>Foreign country _____ | Title<br>BOARD MEMBER<br>Hours/Week<br>2.00          | 0.                                    | 0.  |                                      |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>CINDY THOMPSON<br>8 OXFORD DR.<br>CARTERSVILLE GA 30120<br>Foreign city _____<br>Foreign country _____      | Title<br>BOARD MEMBER<br>Hours/Week<br>2.00          | 0.                                    | 0.  |                                      |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>MELISSA FRIEDRICH<br>11 OXFORD DR.<br>CARTERSVILLE GA 30120<br>Foreign city _____<br>Foreign country _____  | Title<br>BOARD MEMBER<br>Hours/Week<br>2.00          | 0.                                    | 0.  |                                      |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**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<br>AT RISK YOUTH | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/><br>BOYS & GIRLS CLUB OF BARTOW CO<br>P. O. BOX 455<br>CARTERSVILLE GA 30120 | NONE                   | 18,500.      |

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        |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment EDUCATION SCHOLARSHIPS

| Class of Activity   | Grantee's Name and Address   | Grantee's Relationship | Amount Given  |
|---------------------|--|------------------------|---------------|
| <u>EDUCATION</u>    | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> |                        |               |
| <u>SCHOLARSHIPS</u> | <u>THE ETOWAH EDUCATION 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>41,150.</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        |