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SCANNED SEP 2 3 2013

Form **990-EZ** 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 dohor 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 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

Α	For	the 2012 calendar year, or tax year beginning	and ending		
В	Check applic	c Name of organization		D Employer	identification number
Ļ	Ad	dress change			40000
F		me change CLARKSBURG LEAGUE FOR SERVICE, Number and street (or P 0 box, if mail is not delivered to street addre			439332
F		a return	Room/suite		
늗	_	minated P.O. BOX 35 City or town, state or country, and ZIP + 4			623-1281
<u> </u>	\neg	ended return		F Group Exe	•
		lication pending CLARKSBURG, WV 26301		Number	
		unting Method. X Cash Accrual Other (specify) ▶		1	f the organization is not
		ite. ► N/Y	40.47(-)(4) - 507	1 '	o attach Schedule B
		xempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert), 990-EZ, or 990-PF).
	Check	, , , , , , , , , , , , , , , , , ,			•
		00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	icard) may be required (see instruction	ons). But it the	e organization chooses to file
		rn, be sure to file a complete return nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200	2000 or mars, or if total assets (Part	n	
			· · · · · · · · · · · · · · · · · · ·	· ·	E 0 4 0 2
	art I	5, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or I		ections for Pai	58493.
L	aiti	Check if the organization used Schedule 0 to respond to any question in this F	•	octions for Fai	() X
	1	Contributions, gifts, grants, and similar amounts received	-dit i	1	31391.
	2	Program service revenue including government fees and contracts		2	31391.
	3	Membership dues and assessments		3	4160.
	4	Investment income	SEE SCHEDULE O	4	439.
	5a	Gross amount from sale of assets other than inventory	CONTROLL O	-4	433.
	b	Less cost or other basis and sales expenses	ACE 5b		
	G	Gain or (loss) from sale of assets other than invalid used to the firm into	0.500	5c	
	6	Gain or (loss) from sale of assets other than inventory (Subtractine 5b from line Gaming and fundraising events	5 Ja /4 ;	76	
	a	Gross income from gaming (attach Schedule G if greater than UG 9 2013			
Revenue	"	\$15,000)	- 15 6a		
š.	Ь	Gross income from fundraising events (not including \$	of contributions		
ŭ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000)	6b 7 225	03.	
	C	Less: direct expenses from gaming and fundraising events	6c 620		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b ar		6d	<39535.>
	7 a	Gross sales of inventory, less returns and allowances	7a		
	Ь	Less: cost of goods sold	7b		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule 0)		8	
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	<3545.>
	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHEDULE O	10	13500.
	11	Benefits paid to or for members		11	
S	12	Salaries, other compensation, and employee benefits		12	
nse	13	Professional fees and other payments to independent contractors		13	365.
Expenses	14	Occupancy, rent, utilities, and maintenance		14	
ŵ	15	Printing, publications, postage, and shipping		15	859.
	16	Other expenses (describe in Schedule 0)	SEE SCHEDULE O	16	966.
	17	Total expenses. Add lines 10 through 16		▶ 17	<u> 15690.</u>
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<u><19235.</u> >
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
Net Assets		(must agree with end-of-year figure reported on prior year's return)		19	<u> 167601.</u>
Net	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		<u>▶ 21</u>	<u> 148366.</u>
LHA	For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2012)

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

Form 990-EZ (2012) CLARKSBURG LEAGUE FOR SEI	RVICE, INC.	····	<u>55-0439</u>	332 Page
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to re	spond to any quest			
		(A) Beginning of year		End of year
22 Cash, savings, and investments		167601	22	148366
23 Land and buildings			23	
24 Other assets (describe in Schedule 0)		167601	24	140055
25 Total assets		167601		148366
26 Total habilities (describe in Schedule 0)		167601		140266
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishme	nts (see the instruc	167601		148366
Check if the organization used Schedule O to res	**	,		Ex penses d for section
What is the organization's primary exempt purpose CIVIC SERVICES		OIT III LIIIS I AIT III	501(c)(3) and 501(c)(4)
				tions and section 1) trusts; optional
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform		ses in a clear and concise	for other	
28 STUDENT SCHOLARSHIPS, SCHOLASTIC AC	CHIEVEMENT			
	··		-	
			_	
(Grants \$) If this amount includes foreign of	grants, check here	>	28a	
29 AMY'S ATTIC				
(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	29a	
30		- ·		
(Grants \$) If this amount includes foreign g	grants, check here	<u> </u>	30a	
31 Other program services (describe in Schedule O)		_		
(Grants \$) If this amount includes foreign g	rants, check here	<u>></u>	31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mnlovees		▶ 32	0.
Check if the organization used Schedule O to res				lor Part IV)
Officer if the organization used conedule of to les	(b) Average hours		(d) Health benefits.	(a) Fatimated
(a) Name and title	per week devoted to	compensation (Forms	contributions to employee benefit	(e) Estimated amount of other
(a) name and and	position	W-2/1099-MISC) (if not paid, enter -0-)	plans, and deferred compensation	compensation
TERRI WALKER		 		
PRESIDENT	10.00	0.	0.	0.
JEANNINE AMOS				
1ST VICE PRESIDENT	10.00	0.	0.	0.
JACLYN ROMINGER				
2ND VICE PRESIDENT	10.00	0.	0.	0.
DERICA BOWYER				
SECRETARY	10.00	0.	0.	0.
REGINA MILLER				
PREASURER	10.00	0.	0.	0.
			- J	MYCE
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		<u> </u>		<i>i</i>

For	m 990-EZ (2012) CLARKSBURG LEAGUE FOR SERVICE, INC. 55-0439			Page 3
P	art V Other Information (Note the Schedule A and personal benefit contract statement requiremen			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ıs Paı	t V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33_		X
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		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
ł	if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A ·
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		_X_
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	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		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 tax year covered by this return?	38a		_X_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ►			
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?		ļ	
	If "Yes," complete Schedule L, Part I	40b		<u>X</u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
4	or disqualified persons during the year under sections 4912, 4955, and 4958 Contract Edit (a)(2) and ERM (a) A preserve the sections 4912, 4955, and 4958		1	
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		ļ	
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	- 1		
Ü	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
	The organization's books are in care of \blacktriangleright REGINA MILLER Telephone no. \blacktriangleright 304641	6951	Ĺ	
	Located at ► CLARKSBURG, WV ZIP+4 ► 2			
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		<u>X</u>
	If "Yes," enter the name of the foreign country: 🕨			
	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 US?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country:		1	
13	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		
	SECTION AL LETO ASSET SOLVEN	F-		<u> </u>
			Yes	NO
4 a	Did the organization maintain any donor advised funds during the year? If year form 990 must be completed instead of			v
	FOIII 990-EZ	44a		<u>X</u> _
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	446	1	v
	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b	+	X
	bit the organization research any payments is massing an organization per payments and per payments is massing an organization per payments and per payments and per payments are per payments and per payments and per payments are per payments are per payments and per payments are per payments and per payments are per payments are per payments and per payments are per payments and per payments are per payments ar	44c	-+	<u>X</u>
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
5.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
UU	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b _		
		orm 00	0 E7 (9	0.12)

Form 990-EZ (2012)CLARKSBURG_LEAGUE_FOR_SE	RVICE, IN	ic.		55-0439	332	F	Page 4
						Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activ If "Yes," complete Schedule C, Part I	ities on behalf of or i	n oppositio	on to candidates for p	ublic office?	46	}	X
Part VI Section 501(c)(3) organizations only					46		
All section 501(c)(3) organizations must answer questions 4	17-49b and 52, and	d complet	e the tables for line	es 50 and 51			
Check if the organization used Schedule O to respond to a	ny question in this	Part VI				- T	
0.445			0.17.89	٠		Yes	
17 Did the organization engage in lobbying activities or have a section 501(h) el 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,		-	ear / If "Yes," complet	e Sch. C, Part II [47		X
49a Did the organization make any transfers to an exempt non-charitable related					49a	_	X
b If "Yes," was the related organization a section 527 organization?	3				49b		
50 Complete this table for the organization's five highest compensated employe		rs, director	s, trustees and key er	nployees) who ea	ch rece	uved n	nore
than \$100,000 of compensation from the organization. If there is none, enter		.	T / \	(4)			
(a) Name and title of each employee paid more than \$100,000	(b) Average per week dev		(C) Reportable compensation (Forms	(d) Health benefits contributions to employee benefit	, , ,	Estima unt of d	
NONE	position	า	W-2/1099-MISC)	plans, and deferred compensation	com	pensa	ation
							
					ļ		
	4						
f Total number of other employees paid over \$100,000	•				I		
Complete this table for the organization's five highest compensated independ	ent contractors who	each recei	ved more than \$100,0	000 of compensat	ion froi	m the	
organization. If there is none, enter "None " NONE		* x***	A Mileter	3 50			
(a) Name and address of each independent contractor paid more than \$100,000	The second second second	(b) Mype o	1 SELAICE STATE	(c) C	ompens	sation	
	PRING	EP ST	Little South Sally				
	200		9 2013				
		REU	EIVEU				
		723					
d Total number of other independent contractors each receiving over \$100,000	t d 4047/-\/	(4)					
2 Did the organization complete Schedule A? Note: All section 501(c)(3) organic charitable trusts must attach a completed \$chedule A				▶ [x	Ves		No
charitable trusts must attach a completed \$chedule A inder penalties of perpire). I declare that I have examined this return, including accompanying scheduler of preparer (other than officer) is based on all integration of which preparer has any knight	edules and statements, a	and to the be	st of my knowledge and	belief, it is true, corre	ct, and c	omplet	.e
Some Source of the second				אא אוצ	3		
1aua ' 111	\ <u>_</u>			Date			
Jerri Walker Freside	<u> </u>						
Print/Type preparer's name Preparer's signature		Date	Check	if PTIN			
Paid SECRET & SHIELDS,			self- employ	ed			
Preparer A.C.		08/07	·	P006			
Ise Only Firm's name SECRET & SRIELDS, A/C.	·			<u>▶ 31-155</u>	<u>405</u> '	7	
Firm's address ► PO BOX 1150 CLARKSBURG, WV 26804	•		Phone no.				
ay the IRS discuss this return with the preparer shown above? See instructions				▶ 「	Yes		No

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

INC.

CLARKSBURG LEAGUE FOR SERVICE,

Inspection
Employer identification number

55-0439332

Part I	Reason	for Public Cha	rity Status (All organi	zations mi	ust comple	ete this pa	rt) See ins	structions				
The organ	zation 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 desc	cribed in s	ection 170	0(b)(1)(A)(1).				
2	A school des	scribed in section 1	70(b)(1)(A)(II). (Attach So	chedule E)							
3	A hospital or	r a cooperative hosp	ital service organization	described	ın sectioi	n 170(b)(1)(A)(iiı).					
4	A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in s	ection 17	0(b)(1)(A)(iiı). Enter	r the hospit	tal's nai	me,
	city, and sta	te										
5	•		benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental ur	nt descri	bed in		
	section 170	0(b)(1)(A)(iv). (Compl	lete Part II)	•			, ,					
6			nent or governmental un	ıt describe	d in section	on 170/h)/	1)(Δ)(γ)					
7		_	ceives a substantial part					or from the	e general	Loublic des	scribed	ın
,	ū	(b)(1)(A)(vi). (Comple	·	or no oup,	3011 110111	goronini	oritar arme	01 110111 1111	o gonora	, pablic de	,0,,000	
8			section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 X	-		ceives (1) more than 33			from contr	abutione r	mamharch	un face s	and arose i	acaints	from
9 [22]	_	•	nctions - subject to certa						-	-		
		•	axable income (less sec	•						-		
		509(a)(2). (Complete	•	11011 311 12	ix) iloili be	1311103303	acquired i	by the orga	amzanom	anter June	50, 19	75
10			e Fatchi) perated exclusively to te	et for pub	lic pafoty !	Soo cooty	n 500(a)(4)				
10	-	= :	perated exclusively to te perated exclusively for the					-	ny out the	n nurnoces	of one	or
	J		ations described in secti						•	•		Oi.
					•		zi dee se	Clion 509	(a)(3). O	ieck trie be	n ulai	
			organization and compl	ype III - Fu	_		ı .	. T.	a III. Na	n-function:	مغمييالم	~~~
	a Type I		, .	,,	•	•					•	_
			at the organization is not than one or more publich									411
		ŭ	•						9(a)(1) 01	section 50	19(a)(2)	
	_		tten determination from t	ine iko ina	atitisa ty	рет, туре	ii, or rype	e 111				
		rganization, check th							0			<u> </u>
-			organization accepted ar								[7/	T
	• •	·	lirectly controls, either al	one or tog	etner with	persons c	rescribed	in (ii) and ((III) below		Yes	No
	-	•	upported organization?							11g(ı		
	• •	•	n described in (i) above?		- 0					11g(ii		
			person described in (i) o	• •						11g(ii	91	L
h	Provide the to	ollowing information	about the supported org	ganization	(S)							
(1) Name o	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	u notify the	(vi) ls	the	(vii) Amoui	nt of mo	netarv
	nization	(11) 2.11	(described on lines 1-9	in col. (ı) lıs			ion in col.	organization	on in col ed in the .		pport	
•				governing	document?	(i) of your	r support?	U.S				
	i		(see instructions))	Yes	No	Yes	No	Yes	No			
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otal	ŀ			J i				i				

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

Schedule A (Form 990 or 990-EZ) 2012

Part II	Support Sched	lule for Organizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Calebada year (or fixed year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total membership fees received (f) on not include any "unusual grants" in the part of the organization of the organization without charge and to or expended on its behalf	Se	ction A. Public Support		,				
membership fees received (Do not included any "unarsual grants") 2 Tax revenues leved for the organ azitor's benefit and either paid to or expended on its behalf at the organization without charge turnshed by a governmental unit to the organization without charge to the organization of the organization without charge to the organization without charge to the organization without charge to the organization of the organization without charge to the organization of the organization organization or organization of the organization of the organization organization organization organization of the organization organization organization of the organization organization organization organization organization organization of the organization orga	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
include any "unusual grants") Tax revenues levied for the organ zation's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 The potition of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Eviblic support, fabritish less storiles. Section B. Total Support Calledary year (or fixed lyear beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total of the properties of the pr	1	Gifts, grants, contributions, and						
2 Tax revenues leved for the organ pration's benefit and either paid to or expended on its behall 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add ines 1 through 3 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) 6 Public support, selevate ine 3 training 4 Section B. Total Support. Section B. Total Support Section Se		membership fees received (Do not						
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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		more, and if the organization meets th	e "facts-and-circu	mstances" test, ch	neck this box and s	stop here. Explain	in Part IV how the	
		_						>
	18	Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17b			

(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	. <u>.</u>					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	47712.	57875.	106212.			211799.
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	_13/159	~ ~39212	> <44418.			<97089.
2	Gross receipts from activities that	\1343J.	/ (3)212.	/ 11110.		<u> </u>	<u> </u>
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				ı		
	or expended on its behalf						ļ
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	34253.	18663.	61794.			114710.
7 a	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	Į l		İ			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	Add lines 7a and 7b						0.
							114710.
	Public support (Subtract line 7c from line 6) ction B. Total Support					L	1 114/10.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	34253.	18663.	61794.	(4) 2011	(e) 2012	114710.
-	Gross income from interest,	34233.	10003.	01/24.			114/10.
iva	dividends, payments received on						
	securities loans, rents, royalties	1700	265	1 1			2510
	and income from similar sources	1702.	265.	1551.			3518.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1702.	265.	1551.			3518.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	35955.	18928.	63345.			118228.
	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth tax	k year as a section	n 501(c)(3) organı	zation,
	check this box and stop here	Ŭ			•		
	tion C. Computation of Publi	c Support Pero	centage				
	Public support percentage for 2012 (li			lumn (f))		15	97.02 %
	Public support percentage from 2011			····································		16	95.08 %
	tion D. Computation of Inves						
	Investment income percentage for 20°			13 column (f)		17	2.98 %
	•			10, Column (1))			4.92 %
	Investment income percentage from 2			alung 14 and lune :	15 is more than ?	18	
	33 1/3% support tests - 2012. If the						T7 IS HOU ► X
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, chec	· ·	-				
20_	Private foundation. If the organization	i did not check a bo	<u>ox on line 14, 19a,</u>	or 19b, check this	s box and see ins	tructions	<u> </u>

SCHEDULE O

(Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization Employer identification number CLARKSBURG LEAGUE FOR SERVICE, 55-0439332 INC. FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INVESTMENT INCOME 439. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: SCHOLARSHIPS GRANTEE NAME: AMOUNT GIVEN: 13500. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: GENERAL AND ADMINISTRATIVE 781. CORRESPONDANCE 185. TOTAL TO FORM 990-EZ, LINE 16 966. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 1 2013)

Internal Reve	enue Service	File a sep	arate app	olication for each return.						
• If you a	are filing for an Auto	omatic 3-Month Extension, comple	te only P	art Land check this box		h>	X			
•	 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) 									
	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868									
	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation									
required t	to file Form 990-T),	or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically	file Form 886	88 to request an e	xtension			
of time to	file any of the form	is listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for	Transfers As	sociated With Ce	rtain			
Personal	Benefit Contracts,	which must be sent to the IRS in par	oer format	(see instructions) For more details	on the electr	onic filing of this f	orm,			
visit www	rs gov/efile and cl	ick on e-file for Charities & Nonprofits	S							
Part I	Automatic	3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).					
A corpora	ation required to file	Form 990-T and requesting an autor	matic 6 me	onth extension - check this box and	complete					
Part I only	v				•	₽				
,	•	ing 1120-C filers), partnerships, REM	IICs and t	trusts must use Form 7004 to reque	st an extensi	on of time				
	ome tax returns	mg 1120 0 merey, parmerempe, 112m	., 00, 0,,0	madia madi ada 7 ami 700 7 to requel	or an exterior	on or time				
Type or	Name of exempt	organization or other filer, see instru	etione		Employer	destification numb				
Type or	Name of exempt	organization of other filer, see instru	CHOIS		Employerio	dentification numb	er (EIIV) or			
print	CIADECDIII	RG LEAGUE FOR SERV	T C E	TNC		55-043933				
File by the										
rive date for filing your	1	and room or suite no If a PO box, s	ee instruc	tions	Social secu	ırıty number (SSN)			
return See	P.O. BOX									
instructions		st office, state, and ZIP code For a fo	oreign add	dress, see instructions						
	CLARKSBU	RG, WV 26301								
Enter the I	Return code for the	return that this application is for (file	e a separa	te application for each return)			0 1			
			,							
Application	on		Return	Application			Return			
Is For			Code	Is For			Code			
Form 990	or Form 990-EZ		01	Form 990-T (corporation)			07			
Form 990-			02	Form 1041-A			08			
) (individual)		03	Form 4720			09			
Form 990 I			04	Form 5227			10			
		0(-) +	-							
	T (sec 401(a) or 40		05	Form 6069	<u> </u>		11			
Form 990-	T (trust other than a		06	Form 8870			12			
		REGINA MILLER	•							
		of CLARKSBURG, WV	- 26	5301						
Telepho	one No ▶ <u>3046</u>	416951		FAX No						
		t have an office or place of business				▶				
		n, enter the organization's four digit (ne whole group, cl				
box 🕨 🗀	If it is for part of	of the group, check this box 🕨 🔲	and atta	ch a list with the names and EINs of	all members	the extension is	for			
1 I req	uest an automatic	3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	untıl					
Ì	AUGUST 15,	2013 , to file the exempt	organizat	tion return for the organization name	d above Th	e extension				
	r the organization's		5	3						
_	X calendar year 2									
Ĺř		ing	ana	d ending						
	tax year beginn		, and	d ending						
0 1645-		. l		an United return	-unal ratura					
2 If the	7 '	n line 1 is for less than 12 months, ch	ieck reaso	on Initial return I	inal return					
<u> </u>] Change in accour	nting period								
					- 1 - 1 -					
3a If this	s application is for l	Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, er	nter the tentative tax, less any	i l					
nonre	nonrefundable credits. See instructions 3a \$ 0.									
b If this	o If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
estin	nated tax payments	made. Include any prior year overpa	ayment all	lowed as a credit	3b\$.	0.			
		line 3b from line 3a Include your pay		· · · · · · · · · · · · · · · · · · ·						
		onic Federal Tax Payment System). S			3c \$	•	0.			
		ake an electronic fund withdrawal w					uctions			
Caudon II	you are going to it	Idila minaman								

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