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# 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 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. 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

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Processor Annable of Hotels   Dig or Town, state or country, and 2/P + 4   EL DORADO AR 71.730   Number	<u></u>	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	•	
Reporting session   EL DORADO   AR   7.17.30   Number   H Check   Table   Accrual   Other (specify)   H Check   Table   Accrual   Other (specify)   H Check   Table   Accrual   Other (specify)   Table   H Check   Table   Table   Accrual   Other (specify)   Table   Tabl	L	Term		(870	) 862-6411
G Accounting Method:   Cash	<u> </u>	Ame	nded return City or town, state or country, and ZIP + 4	F Group Exe	mption
Website: N N / A   Tax-exempt status (check only one)	L	Applic	ation pending EL DORADO, AR 71730	Number 🕨	
Jack exempt status (check only one) —   x  501(c/3)   501(c/3)   1   1   1   1   1   1   1   1   1	G A	\ccou	nting Method: X Cash Accrual Other (specify) ▶	H Check	<b>X</b> if the organization is <b>not</b>
K Check   Image: Interpretation and its gross receipts are normally not more than \$50,000. A form 990-EZ or form 990 return is not a section 629 (a)3 supporting organization or a section \$27 organization and its gross receipts are normally not more than \$50,000. A form 990-EZ or form 990 return is not required through 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 \$5, 6c, and 75, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below an \$500,000 or more, file Form 990-EZ  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  Check if the organization used Schedule 0 to respond to any question in this Part I  A contributions, grits, grains, and similar amounts received  1	1.1	Vebsi	te: ►N/A	required to	attach Schedule B
SSO,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).  Intel 25, column (8) below) are \$50,000 or more, file Form 990 instead of Form 990-EZ  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II).  Check if the organization used Schedule 0 to respond to any question in this Part I  1 Contributions, grits, grants, and similar amounts received  1 1 4, 765. 2 Program service revenue including openiment less and contracts 3 Membership dues and assessments 4 Investment income  5a Gross amount from sale of assets other than inventory 5 Less: cost or other bases and sales expenses 6 Gaming and fundraising events a Gross income from fundraising events (and fundraising events for greater than \$15,000)  6 Less: direct expenses from gaming and fundraising events (and lines 56 and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  1 Less: cost of opods sold 2 Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  1 Selection of (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  1 SEE SCHEDULE O 1 36, 950.  8 Other revenue (describe in Schedule 0) 1 Total expenses Add lines 1, 2, 3, 4, 56, 6d, 7c, and 8 9 47, 7778. 1 Constructions, postage, and shipping 1 Salaries, other compensation, and employee benefits 1 Printing, publications, postage, and shipping 1 Salaries, other compensation, and employee benefits 1 Printing, publications, postage, and shipping 1 Salaries, other compensation, and employee benefits 1 Printing, publications, postage, and shipping 1 Salaries of fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	<u>J</u> ]	ax-ex	mempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 527	(Form 990	, 990-EZ, or 990-PF).
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Add lines \$5, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), inte 25, column (8) below) are \$500,000 or more, the Form 990 instead of Form 990-E2.  Check if the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to any question in this Part I  Check the organization used Schedule 0 to respond to the time sea and color part I the Schedule 0 to respond to the time sea and color part I the Schedule 0 to revenue (describe in Schedule 0)  Check the organization used Schedule 0 to revenue (describe in Schedule 0)  Check the organization used Schedule 0 to respond to the part I though 16 to revenue (describe in Schedule 0)  Check the organization used Schedule 0 to resp	\$	50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructio	ns). But if the	organization chooses to file
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Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part	1	ne 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	51,717.
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8 Other revenue (describe in Schedule 0) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  8		i -	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 47, 778.  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 Sexicology of the changes in expense 18 through 20  22 Sexicology of the changes in expense 18 through 20  23 Sexicology of the changes in expense 19 Sexicology of the changes 19 Sexicolo		l	Name of the second seco		
SEE SCHEDULE O   10   36,950.		*			47.778.
11   Benefits paid to or for members   12	26	<del></del>			
16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 92,898. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 98,941.	$\mathcal{S}$	1			55,555
16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 92,898. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 98,941.	≥s			<del></del>	
16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 92,898. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 98,941.	<u>~</u> §	1			1.213.
16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 92,898. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 98,941.	Πē	1	·		116.
16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 92,898. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 98,941.		ł			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Z.	1			2,200
21 Net assets or fund balances at end of year. Combine lines 18 through 20	۸C	1			41.735.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	- <u>-</u>				6.043
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ets		·	10	0,023.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Zss	"	· · · · · · · · · · · · · · · · · ·	19	92 898
21 Net assets or fund balances at end of year. Combine lines 18 through 20		20			_
	~z			. —	
	LHA	<del>'</del>	•	<i>P</i>   2 !	

Forn	n,990-EZ (2012) EL DORADO SERVICE LEAGUE			<u> 23 – </u>	72669	27 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any quest	ion in this Part II			
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		92,898	. 22		98,941.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		92,898	. 25		98,941.
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)		92,898	. 27		98,941.
Pá	art III Statement of Program Service Accomplishmen	<b>nts</b> (see the instruc	ctions for Part III)			penses
	Check if the organization used Schedule O to res	spond to any quest	ion in this Part III	$\mathbf{x}$		for section
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons and section
Desc	ribe the organization's program service accomplishments for each of its three largest program	services, as measured by exper	nses In a clear and concise		4947(a)(1	) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform				for others.	)
28	PURCHASE SCHOOL SUPPLIES FOR NEEDY	CHILDREN IN	UNION			
	COUNTY	-				
		-				
	(Grants \$ 6,124.) If this amount includes foreign g	rants, check here	<b>•</b>		28a	58.
29	PROVIDE TWO \$1,500 SCHOLARSHIPS AND		CHOLARSHIPS			
	FOR THREE UNION COUNTY STUDENTS					
				_		
	(Grants \$ 3,750.) If this amount includes foreign g	rants check here	<b>•</b>		29a	
30	PURCHASE MEDICINE, HEALTH CARE AND		FTS FOR			
	NEEDY CHILDREN IN UNION COUNTY	CIMIDITAD G	LI ID I OR		1	
	NEEDI CHILDREN IN CRICK COOKII					
	(Grants \$ 27,076.) If this amount includes foreign g	rants check here		Γ"	30a	
21	Other program services (describe in Schedule O)	rants, check here			304	
01	(Grants \$ ) If this amount includes foreign g	rants chack here	_		31a	
22	Total program service expenses (add lines 28a through 31a)	rants, check here			32	58.
	art IV List of Officers, Directors, Trustees, and Key E	mplovees List each or	se even if not compensated (s	on the		or Port IVA
	Check if the organization used Schedule O to res				manuchons n	Z 7 20 (1V)
-	Oncok ii are organization acou concadio o to rec	(b) Average hours			alth benefits,	(e) Estimated
	(a) Name and title	per week devoted to	(C) Reportable compensation (Forms	` conti	ributions to oyee benefit	amount of other
	(a) Name and the	position	W-2/1099-MISC) (if not paid, enter -0-)	plans,	and deferred	compensation
K E	RRI RIDINGER			CON	pensation	
	ESIDENT	5.00	0.		0.	0.
	TIE OWENS	3.00	•		<u> </u>	0.
	CE PRESIDENT	5.00	0.		0.	_
	HLEE BLACK	3.00	<u> </u>		0.	0.
		F 00			0.	_
	CRETARY DI SEABOLT	5.00	0.		0.	0.
_		F 00	0.		0.	_
TL	EASURER	5.00	U •		<u> </u>	0.
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	70.04.44.40				Form	990-F7 (2012)

Page 2

Page 3

instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V  $\mathbf{x}$ Yes No 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 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 34 35a 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 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N/ 35b 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 Х 35c 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 36 0. 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 38a 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 N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► section 4911 ► **0** • ; section 4955 ► 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 40b Х c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed AR Telephone no.  $\triangleright 870 - 814 - 5274$ 42a The organization's books are in care of ► JODI SEABOLT Located at ▶ P. O. BOX 1093, EL DORADO, AR ZIP + 4 > 71730b 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 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 U.S.? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Х 44a 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 45a 45b 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 instructions) Form 990-EZ (2012)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form	990-EZ (2	012)	EL DORADO	SERVICE :	LEAGUE				23-7266	927		Page 4
	•		-		•				_		Yes	No
46	Qid the or	ganızatıon	engage, directly or indir	ectly, in political ca	ımpaign activities	on behalf of or	ın oppositio	on to candidates for pi	ublic office?	I		
	If "Yes," co	omplete S	chedule C, Part I						_	46		_X_
Pa	rt VI	Section	n 501(c)(3) organi	zations only	•							
	,	All sectio	n 501(c)(3) organizatio	ns must answer	questions 47-4	19b and 52, ar	nd comple	te the tables for line	s 50 and 51			
		Check if t	the organization used	Schedule O to re	espond to any	question in thi	s Part VI					
			_								Yes	No
47	Did the or	ganization	engage in lobbying activ	rities or have a sect	tion 501(h) electi	on in effect duri	ng the tax y	rear? If "Yes," complete	e Sch. C, Part II	47		X
48		-	school as described in							48		X
49 a	-		make any transfers to a			-	-		Ì	49a	$\neg$	X
		_	ited organization a section						ļ	49b		_===
50			for the organization's fiv	-		Other than office	ers directo	rs trustees and key er	ו e who es) who		eived i	more
30			ompensation from the or	-		•	0.0, 00010	rs, austous una koj er	iipioyoos) iiilo ci	1011100	014001	11010
	man w roo		a) Name and title of each		is none, enter w	(b) Average	e houre	(C) Reportable	(d) Health benefits	T /A'	Estim	———
		V	paid more than \$100			per week de		compensation (Forms	contributions to employee benefit	amo	ount of	
			•	NONE		position		W-2/1099-MISC)	plans, and deferred		npens	
				NONE					compensation	+	<u> </u>	
			·····	<del> </del>					ł			
								<del> </del>		+		
										+		
										┷		
										┷		
f	Total num	ber of oth	er employees paid over t	\$100,000		)	<b></b>					
51	Complete	this table	for the organization's fiv	e highest compens	ated independen	t contractors wh	no each rec	eived more than \$100,	000 of compens	ation fr	om the	;
	organizati	on. If ther	e is none, enter "None."	NONE								
_(a	Name and	address (	of each independent con	ractor paid more ti	han \$100,000		(b) Type	of service	(c)	Compe	nsatio	<u>n</u>
		_										
	Total num	nber of oth	er independent contract	ors each receiving	over \$100 000	k		<b>&gt;</b>				
52			n complete Schedule A?	-		tions and 4947/	a)(1) nones	remnt				
JZ		•	ist attach a completed Sc		o i(c)(o) oi gainza	ן רייביר טוום פווטוו	a)( I) Hone	Compt	<b>▶</b> [*	₹ Va		No
Unde	r penalties of	perjury, Id	eclare that I have examined the	nis return, including ac	companying schedu	ules and statement	s, and to the	best of my knowledge and	belief, it is true, con	rect, an	d comp	
Decia	tration of prep	parer (other	than officer) is based on all in	formation of which pre	eparer has any know	/leage			1 //-/	17		
Sig		Signature	of officer	<del></del>				<del></del>	Date	4		
He	re 🚶		1	1 11 .								
		Type or n	rint name and title	A. Murth	na			<del></del>		——		
		, , , , , , , , , , , , , , , , , , ,		15		· · · · · · · · · · · · · · · · · · ·	Losts	Obaali (=	of love			
D-1	الد:	Print/Ty	pe preparer's name	Prepa	arer's signature		Date	Check X	J			
Pai				( à	L PVIII	5	17-28	Self- emplo	1			
	eparer		L. STEWART,	CPA U	myo Ad	waii	بر ،	/ 13	P00	_		
Us	e Only	Firm's n	ame ► EVERS,	COX & GO	BEN P.L	.L.C.		Firm's EIN	<b>I ►</b> 71-08	630	01	
		Firm's a	ddress ► 451 NC	RTH WASH				Phone no	(870)	86	2-9	950
_			EL DOR		71730				· · ·			
Mav	the IRS dis	scuss this	return with the preparer						<b>&gt;</b>	X Ye	s	No

Form 990-EZ (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

2012

Open to Public Inspection

Name of the organization

EL DORADO SERVICE LEAGUE

**Employer identification number** 

23-7266927

Pa	art I	Reason f	or Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See ınst	ructions.					
The	organ	ızatıon ıs not a	private foundation	because it is: (For lines 1	through 1	11, check of	only one b	ox)						
1				s, or association of churc	_									
2		A school desc	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)									
3		A hospital or	a cooperative hospi	ital service organization of	described i	n section	170(b)(1)(	A)(iii).						
4		A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter	the ho	spital's	s nam	ie,
		city, and state	9.											
5		An organization	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental und	describ	ed in		-	
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	$\mathbf{X}$	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public	descri	bed ı	n
		section 170(l	b)(1)(A)(vi). (Comple	ete Part II.)										
8				section 170(b)(1)(A)(vi). (	(Complete	Part II.)								
9		An organization	on that normally red	eives. (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	embershij	o fees, a	nd gro	oss rec	eipts	from
		activities relat	ted to its exempt fu	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from	gross II	nvest	ment
		income and u	nrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after .	June 30	), 197	'5
		See section !	509(a)(2). (Complete	e Part III.)										
10		An organizati	on organized and o	perated exclusively to te	st for publi	ıc safety. S	See sectio	n 509(a)(4	·).					
11		An organization	on organized and o	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the	purpo	oses of	one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	n 509(a)(2	) See sec	tion 509(a	a)(3). Ch	eck th	e box t	hat	
		describes the	type of supporting	organization and comple	ete lines 1°	1e through	11h.							
		a Type I	<b>b</b> T	ype II c 🔙 Ty	ype III - Fui	nctionally i	ntegrated	d	ı 🔙 Тур	e III - No	n-func	tionally	ınteç	grated
•		By checking t	this box, I certify that	at the organization is not	controlled	directly o	r ındırectly	by one or	more disc	qualified	perso	ns othe	er tha	n
		foundation m	anagers and other t	than one or more publicly	y supporte	d organiza	itions desc	onbed in s	ection 509	(a)(1) or	section	on 509(	a)(2).	
1	f	If the organization	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	: III					
		supporting or	ganization, check tl	his box										
g	9	Since August	17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the folio	owing pers	sons?		_		
		(i) A persor	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons d	lescribed i	n (II) and (I	ıi) below	', <u> </u>		Yes	No
		the gove	erning body of the s	upported organization?								11g(i)		
		(ii) A family	member of a perso	n described in (i) above?							1	1g(ii)		ļ
		(iii) A 35% c	controlled entity of a	a person described in (i) o	or (II) above	97					1	1g(iii)		<u> </u>
ŀ	า	Provide the fo	ollowing information	about the supported or	ganızatıon	(s)								
				· <sub>Y</sub> ·····	·		····		····					
(i	) Name	of supported	(ii) EIN	(iii) Type of organization	r ,	organization	, , ,		(vi) ls organizatio	the	(vii) A	\mount (	of mo	netary
	orga	anization		(described on lines 1-9 above or IRC section		sted in your document?	organızat (i) of you		(i) organız	ed in the		supp	ort	
				(see instructions))	<u> </u>				U.S.		1			
	Yes No Yes No Yes No													
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						]								

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 Schedule 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	9,342.	8,275.	8,572.	6,745.	6,170.	39,104.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,342.	8,275.	8,572.	6,745.	6,170.	39,104.
5	The portion of total contributions	J, 3 ± Z •	0,275	0,372.	0,743.	0,1,0.	33,104.
3	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)						20 104
	Public support. Subtract line 5 from line 4						39,104.
	ction B. Total Support		#10000		4 11 0044		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4	9,342.	8,275.	8,572.	6,745.	6,170.	39,104.
8	Gross income from interest,						
	dividends, payments received on	:					
	securities loans, rents, royalties	6.5	010		454		600
	and income from similar sources	67.	218.	144.	134.	76.	639.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						<del></del>
11	<b>Total support.</b> Add lines 7 through 10						39,743.
12	Gross receipts from related activities,	etc (see instruction	ons) .			12	266,342.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (	line 6, column (f) di	vided by line 11, co	olumn (f))		14	<u>98.39 %</u>
15	Public support percentage from 2011	Schedule A, Part	II, line 14		•	15	<u>97.85 %</u>
16a	33 1/3% support test - 2012. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$
b	33 1/3% support test - 2011. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% (	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop he	ere. Explain in Pa	rt IV how the organi	zation
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a p	sublicly supported	organization	_	▶□
Ł	10% -facts-and-circumstances tes	•	•		J	17a, and line 15 is 1	0% or
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-cire				•		
18	Private foundation. If the organization		*				
					· · · · · · · · · · · · · · · ·		

# Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule fo

Part III Support Schedule for O	rganizations	Described in	Section 509(a	)(2)						
, (Complete only if you checked	(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 be	elow, please com	plete Part II.)	<u>.</u>							
Section A. Public Support										
Calendar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota				
4 Ciffs grants contributions and				1	1					

Cale	ndar 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						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-			·	<del> </del>	<del>  · · · · · · · · · · · · · · · · · · ·</del>	
•	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					· · · · · · · · · · · · · · · · · · ·	
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			1			
	Amounts included on lines 1, 2, and				<del> </del>		
	3 received from disqualified persons					1	
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						
c	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  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.)					-	
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		1		<u> </u>
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here	lia Cumpart De		·		<u> </u>	<u> </u>
	ction C. Computation of Publ			(0)		145	
15	,, ,		-	column (1))		15	<u>%</u>
<u>16</u>	Public support percentage from 2017			<del></del>		16	%
	Section D. Computation of Investment Income Percentage						9/
	17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  18 %						
18	,			on line 14 and his	.a. 15 io mara th	18   22 1/2% and line:	%
198	a 33 1/3% support tests - 2012. If the	•					r r is not
_	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	•	-		• • •		and .
Ľ	line 18 is not more than 33 1/3%, che	•					. —
20	Private foundation. If the organization			•		<del>-</del>	
20	i mate ioungation, it the organization	m ala not check a	COOK OIT MIC 17, 13	za, or rob, cricck i	and box and see if		

#### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047

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Inspection

Name of the	organization
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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

Employer identification number EL DORADO SERVICE LEAGUE 23-7266927 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations h Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 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.

	edu edu	le G (Form 990 or 990 EZ) 2012 EL DORA			23-	7266927 Page 2
		of fundraising event contributions and gr	_		·	·
_	· ·	or fundationing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			TOUR OF	GOLF	(c) other events	(d) Total events
			HOMES	TOURNAMENT	1	(add col. (a) through
			(event type)	(event type)	(total number)	col (c))
ρŪ			(event type)	(event type)	(total hamber)	
Revenue	1	Gross receipts .	12,561.	30,214.	2,696.	45,471.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	12,561.	30,214.	2,696.	45,471.
	4	Cash prizes				
es S	5	Noncash prizes				
xpens	6	Rent/facility costs				<del></del>
Direct Expenses	7	Food and beverages				<del></del>
_	8	Entertainment				
	9	Other direct expenses	1,581.	1,899.	459.	3,939.
	10	Direct expense summary Add lines 4 through		<b>&gt;</b>	( 3,939)	
	11	Net income summary Combine line 3, colum	n (d), and line 10		<b>&gt;</b>	41,532.
Pa	ırt l	<b>Gaming.</b> 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		1		
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enc			(-, 3 -	bingo/progressive bingo	(4)	col (a) through col (c))
Revenue				+		
	1	Gross revenue				
ses	2	Cash prizes _				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
_	٦	Curior direct experieds	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	( )
	8	Net gaming income summary Combine line	1. column d. and line 7		•	
		The gamming moothle definition of the companies in the	r, colarin d, aria in c i			
9	En	ter the state(s) in which the organization opera	ites gaming activities.			
		the organization licensed to operate gaming ac	_	states?		Yes No
b	lf "	No," explain				
				·		
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	Yes No
b	lf "	Yes," explain <sup>.</sup>			<u></u>	<del> </del>
	_					· <del></del>
	_					
		······································				

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 EL DORADO SERVICE LEAGUE 23	<u>-7266927</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	□ No
	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
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	[ 130 ]	
14	ther the fiame and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
		•	
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>	<b>—</b>
	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	<b>)</b>	
Da	organization's own exempt activities during the tax year > \$		
Pa	<b>Tt IV</b> Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
			<del>-</del>
	1		

## SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

2012
Open to Public Inspection

Name of the organization

EL DORADO SERVICE LEAGUE

Employer identification number 23-7266927

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
BANCORP SOUTH	76.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	····
ACTIVITY CLASSIFICATION: SOCIAL SERVICE	
GRANTEE NAME: NUMEROUS	
GRANTEE ADDRESS: EL DORADO, AR 71730	1.0
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	25,160.
ACTIVITY CLASSIFICATION: START SMART	
GRANTEE NAME: NUMEROUS	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	6,124.
ACTIVITY CLASSIFICATION: SOCIAL SERVICE	
GRANTEE NAME: DENTAL HEALTH PROGRAM	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,166.
ACTIVITY CLASSIFICATION: SCHOLARSHIP	
GRANTEE NAME: UNIVERSITY OF CENTRAL AR	

# **SCHEDULE O**

Department of the Treasury

Internal Revenue Service

(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 Open to Public Inspection

Name of the organization

**Employer identification number** 

23-7266927 EL DORADO SERVICE LEAGUE GRANTEE ADDRESS: EL DORADO, AR 71730 GRANTEE RELATIONSHIP: NONE 1,500. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: SCHOLARSHIP GRANTEE NAME: CENTRAL BAPTIST COLLEGE EL DORADO, AR 71730 GRANTEE ADDRESS: GRANTEE RELATIONSHIP: NONE 1,500. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: SCHOLARSHIP GRANTEE NAME: SOUTHERN ARKANSAS UNIVERSITY GRANTEE ADDRESS: EL DORADO, AR 71730 GRANTEE RELATIONSHIP: NONE AMOUNT GIVEN: 750. ACTIVITY CLASSIFICATION: SOCIAL SERVICE GRANTEE NAME: BARTON LIBRARY GRANTEE ADDRESS: EL DORADO, AR 71730 GRANTEE RELATIONSHIP: NONE AMOUNT GIVEN: 500. ACTIVITY CLASSIFICATION: SOCIAL SERVICE GRANTEE NAME: EL DORADO SCHOOL DISTRICT (OM WORLD FUND) GRANTEE ADDRESS: EL DORADO, AR 71730 GRANTEE RELATIONSHIP: NONE

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

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Complete to provide information

Form 990 or 990-EZ or to

Attach

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.

2012
Open to Public Inspection

**Employer identification number** 

23-7266927 EL DORADO SERVICE LEAGUE 250. AMOUNT GIVEN: 36,950. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE ASSISTANCE TO CHILDREN IN UNION COUNTY, ARKANSAS 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.