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# **Short Form** Return of Organization Exempt From Income Tax

2949229796 ABIN 5545-155

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990. 505

•		enue Service	Information about Form 990-EZ and its instructions is at www.lrs.gov/form990	, 50c	Inspection
A	For the	2014 cale	ndar year, or tax year beginning JUN 1, 2014 and ending MAY	31.	2015
В	Check if applicab	ole [			identification number
		ess change			
	_	e change	EL DORADO SERVICE LEAGUE	23-7	266927
Ē	_				number
		return/ nated	P.O. BOX 1043	870-	814-6535
〒	$\neg$			Group Exe	
	$\neg$	1	1: 11	Number	•
G		nting Metho			X if the organization is
		te: N/			ed to attach Schedule B
				•	), 990-EZ, or 990-PF).
		f organization			
		-	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
			are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$	102,850.
	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction		rt I)
: :		Check if	the organization used Schedule O to respond to any question in this Part I		X
-	1		ons, gifts, grants, and similar amounts received	1	10,930.
-	2		ervice revenue including government fees and contracts	2	
,~	3		p dues and assessments	3	1,385.
	4	Investmen	t income SEE SCHEDULE O	4	141.
يت	5a	Gross amo	ount from sale of assets other than inventory 5a 20, 212		
	Ь		or other basis and sales expenses 5b 20,100		
1	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		112.
Z.	6		d fundraising events		
	a	Gross inco	me from gaming (attach Schedule G if greater than		
2		\$15,000)	6a	1.	
e Ve	ь	Gross inco	me from fundraising events (not including \$ of contributions		
9 Revenue			aising events reported on line 1) (attach Schedule G if the sum of such		
ତ୍ୟ ତ୍ୟ			me and contributions exceeds \$15,000) 6b 70,182		
<b>-</b>	C	Less: direc	t expenses from gaming and fundraising events 6c 33,324		
$\Xi$	ď	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	36,858.
`	7a	Gross sale:	s of inventory, less returns and allowances		
. ;	b	Less: cost	of goods sold 7b		
•	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
ت	8	Other rever	nue (describe in Schedule O)	8	
3	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49,426.
)	10	Grants and	similar amounts paid (list in Schedule 0) SEE_SCHEDULE_O	10	60,370.
	11	Benefits pa	nd to or for members RECEIVED	1 11	
es	12	Salaries, of	ther compensation and employee benefits	12	
Š	13	Profession	al fees and other payments to independent contractors v, rent, utilities, and maintenance	13	842.
Expenses	14	Occupancy	al fees and other payments to independent contractors r, rent, utilities, and maintenance ublications, postage, and shipping	14	124.
ш	15	Printing, po	ublications, postage, and shipping	15	3,322.
	16	Other expe	nses (describe in Schedule 0)	16	
	17	Total expe	nses. Add lines 10 through 16	- 17	64,658.
Ŋ	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)	18	<15,232.>
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A))		
As		(must agre	e with end-of-year figure reported on prior year's return)	19	88,758.
Net Assets	20	Other chan	ges 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_	73,526.
LHA	A For	Paperwork	Reduction Act Notice, see the separate instructions.	14	Form <b>990-EZ</b> (2014)
				1 ]	

Pa	art II Balance Sheets (see the instructions for Part II)					
٧	' Check if the organization used Schedule O to res	spond to any question	on in this Part II			
		(	A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		88,758	. 22		73,526.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets	-	88,758			73,526.
			00,750			
26	Total liabilities (describe in Schedule 0)		88,758			73,526.
27	Net assets or fund balances (line 27 of column (8) must agree with line 21)  art III   Statement of Program Service Accomplishmen	nto (occ the instruct	iona for Dort III\	• 27		
Pa			-			rpenses for section
	Check if the organization used Schedule O to res		on in this Part III			and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O	)		(	organizatio	ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program		es In a clear and concise	1	others.)	
manr	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title				
28	PURCHASE SCHOOL SUPPLIES FOR NEEDY	CHILDREN IN	UNION			
	COUNTY		-			
				_		
	(Grants \$ 9,227.) If this amount includes foreign g	rants check here		وال	.8a	88.
29			E HOUSE)IN			
LJ	EL DORADO, AR	IN HOME (MONE)	B HOODB/IN			
	EL DORADO, AR		<del></del>	—	1	
	20 224			<del>-</del> \ .		
	(Grants \$ 20,234.) If this amount includes foreign of		<u> </u>	<u> </u>	9a	
	PURCHASE MEDICINE, HEALTH CARE AND	CHRISTMAS GI	FTS FOR	\	-	
	NEEDY CHILDREN IN UNION COUNTY		<del> </del>		İ	
	(Grants \$ 24,409.) If this amount includes foreign of	grants, check here			0a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, check here	•		1a	
32	Total program service expenses (add lines 28a through 31a)				32	88.
		<del> </del>			<del></del>	
Pa	art IV List of Officers, Directors, Trustees, and Key E	mplovees (list each one	even if not compensated -	see the in	structions f	or Part IV)
Pa	Check if the organization used Schedule O to res				structions f	or Part IV)
Pa	Check if the organization used Schedule O to res	spond to any question	on in this Part IV	<u>'</u>		
Pa	Check if the organization used Schedule O to res	spond to any question (b) Average hours	(c) Reportable compensation (Forms	(d) Healt	th benefits,	(e) Estimated
Pa		spond to any question	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Healt contrib employed	th benefits, utions to ee benefit nd deferred	
	Check if the organization used Schedule O to res	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms	(d) Healt contrib employed	th benefits, utions to ee benefit	(e) Estimated amount of other
AS	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK	spond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healt contrib employed	th benefits, utions to ee benefit ad deferred ensation	(e) Estimated amount of other compensation
AS PR	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK ESIDENT	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Healt contrib employed	th benefits, utions to ee benefit nd deferred	(e) Estimated amount of other
AS PR RO	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK ESIDENT BIN BUCHANAN	(b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healt contrib employed	th benefits, utions to ee benefit ad deferred ensation	(e) Estimated amount of other compensation
AS PR RO VI	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK  ESIDENT  BIN BUCHANAN  CE PRESIDENT	spond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healt contrib employed	th benefits, utions to ee benefit ad deferred ensation	(e) Estimated amount of other compensation
AS PR RO VI	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK ESIDENT BIN BUCHANAN	(b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healt contrib employed	th benefits, utions to ee benefit ad deferred ensation	(e) Estimated amount of other compensation
AS PR RO VI MA	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK  ESIDENT  BIN BUCHANAN  CE PRESIDENT	(b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healt contrib employed	th benefits, utions to ee benefit ad deferred ensation	(e) Estimated amount of other compensation
AS PR RO VI MA SE	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK ESIDENT BIN BUCHANAN CE PRESIDENT NDA MINCHEW CRETARY	(b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healt contrib employed	th benefits, utions to see benefit deferred ensation	(e) Estimated amount of other compensation  0.
AS PR RO VI MA SE CH	Check if the organization used Schedule O to res  (a) Name and title  HLEE BLACK ESIDENT BIN BUCHANAN CE PRESIDENT NDA MINCHEW CRETARY RISTY WHEELER	(b) Average hours per week devoted to position  5.00  5.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Healt contrib employed	th benefits, utions to see benefit id deferred on a strong of the control of the	(e) Estimated amount of other compensation  0.
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Form 990-EZ (2014) EL DORADO SERVICE LEAGUE

Form	1 990-EZ (2014) EL DORADO SERVICE LEAGUE 23-726	927	, ~	Page 3
Pa	art <b>V</b>   <b>Other Information</b> (Note the Schedule A and personal benefit contract statement requiremen	ts in 1	he	
1	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ıs Paı		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 0	33		<u>X</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	_	X
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	05-		<b>.</b>
	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C		25.0		х
26	requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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
27.2	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   37a	$\overline{}$		
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3,0		
004	in a prior year and still outstanding at the end of the tax year covered by this return?	382		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	1000		
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
b	27/3	1		,
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7		
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			. 1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			l '
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			٠
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			1
	by the organization	}		1
е	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	40e		X
41	List the states with which a copy of this return is filed AR	<u> </u>		
42 a	The organization's books are in care of ► CHRISTY WHEELER Telephone no. ► 870-83			
	Located at ► 1307 GRADY BELL RD, EL DORADO, AR  ZIP+4 ►	11/3	U	
D	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		Voc	No
	account)?	42b	163	X
	If "Yes," enter the name of the foreign country:	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
v	If "Yes," enter the name of the foreign country:			<u></u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>•</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	•			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X_
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		L
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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)	45b		<u> </u>
43217	73	Form 9	90-EZ	(2014)
43217 12-15	5-14			

Form 990-EZ (2	2014) EL DORADO SERVICE LEAGUE			23-72669	27		Page 4
	rganization engage, directly or indirectly, in political campaign activiti	es on behalf of or in oppos	ition to candidates for pi	ublic office?		Yes	No
	omplete Schedule C, Part I Section 501(c)(3) organizations only		<del></del>		46		<u> </u>
	All section 501(c)(3) organizations must answer questions 47	'-49b and 52, and comp	lete the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respond to an	y question in this Part V	l				
4= 0.1.1			•			Yes	
	rganization engage in lobbying activities or have a section 501(h) elemanization a school as described in section 170(b)(1)(A)(II)? If "Yes," of	-	x year? If "Yes," complet	e Sch. C, Part II	47		X
	rganization make any transfers to an exempt non-charitable related o			-	48 49a		X
	vas the related organization a section 527 organization?	<b>3</b>		<b>—</b>	49b		
50 Complete	this table for the organization's five highest compensated employees	s (other than officers, direc	tors, trustees and key er	nployees) who ea	ch rec	eıved	more
than \$100	0,000 of compensation from the organization. If there is none, enter				1		
	(a) Name and title of each employee	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to		Estim	nated Fother
	NONE	position	W-2/1099-MISC)	employee benefit plans, and deferred compensation	1	npens	
	NOND			compensation			<del></del>
	-						
		1		•			
<del></del>					<del>                                     </del>		
		1					
	nber of other employees paid over \$100,000	<u> </u>					
organizat	this table for the organization's five highest compensated independent ion. If there is none, enter "None."  NONE						
(a) N	lame and business address of each independent contractor		(b) Type of service	(c) U	ompe	nsatio	<u>n</u>
					-		
	nber of other independent contractors each receiving over \$100,000	estrana must attach a	<b></b>				
	ganization complete Schedule A? Note All section 501(c)(3) organized Schedule A	ations must attach a		► S	Ye		□ No
	of perjury, I declare that I have examined this return, including acco	mpanying schedules and s	tatements, and to the be				
	nd complete. Declaration of preparer (other than officer) is based on a			<del>-</del>			
a.	Chitaty Lishueles Signature of officer			10-3-15			<u>.</u>
Sign / Here <b>L</b>	Thristy Wheeler	Tracsum	.~	Date			
	Type or print name and title	Treasure	V	<del></del>			
	Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN			
Paid			self- emplo	yed			
Preparer	AMY L. STEWART, CPA	· sewalt 7	-24-12	P002			
Use Only	Firm's name FEVERS, COX & GOBER POI	.L.C.	Firm's EIN				
	Firm's address ► 451 NORTH WASHINGTON EL DORADO, AR 71730	AVE.	Phone no.	(870) 8	62	<u>-99</u>	<u>50</u>
May the IRS dis	ccuss this return with the preparer shown above? See instructions			<b>▶</b> X	Ye	s T	No
		· · · · ·					(2014)

#### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization **Employer identification number** EL DORADO SERVICE LEAGUE 23-7266927 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization, f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 EL DORADO SERVICE LEAGUE

23-7266927 Page 2

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

(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			'			
	include any "unusual grants")	8,572.	6,745.	6,170.	14,586.	12,315.	48,388.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				i		
3	The value of services or facilities				_		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,572.	6,745.	6,170.	14,586.	12,315.	48,388.
5	The portion of total contributions	-	*			1	
	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. Subtract line 5 from line 4						48,388.
	ction B. Total Support					····	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	8,572.	6,745.	6,170.	14,586.	12,315.	48,388.
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	144.	134.	76.	32.	253.	639.
9	Net income from unrelated business					2001	<u></u>
-	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 VI)						
11	Total support. Add lines 7 through 10						49,027.
	Gross receipts from related activities,	etc. (see instruction				12	318,064.
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	x vear as a section		020,0020
	organization, check this box and stor	J		2, 1001111, 01 111111 (4	,, , ou, uo u oooo.	., 00 ((0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				<u> </u>
	Public support percentage for 2014 (I			olumn (f))		14	98.70 %
	Public support percentage from 2013					15	98.66 %
	33 1/3% support test - 2014. If the	•	•	n line 13. and line 1	ا 4 is 33 1/3% or m		
	stop here. The organization qualifies	-				,	▶X
b	33 1/3% support test - 2013. If the o		_		line 15 is 33 1/3%	or more, check the	
	and stop here. The organization qual	_					▶□
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b	and line 14 is 10% of	or more.
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•	•		▶□
h	10% -facts-and-circumstances tes	_	•		-	17a and line 15 is 1	0% or
	more, and if the organization meets the	_					0,0 01
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						
	mo organization	L.C. Cricon a l		-, ,		dule A (Form 990)	

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

ſ	' (Complete only if you checked	the box on line 9	of Part I or if the o	organization failed t	to qualify under Pa	art II If the organiza	ation fails to
Se	qualify under the tests listed be ction A. Public Support	elow, please com	olete Part II )				
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received (Do not						
	include 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-					/	
	iness under section 513				/		
4	Tax revenues levied for the organ-		, <u>, , , , , , , , , , , , , , , , , , </u>		/		
	ization's benefit and either paid to				/		
	or expended on its behalf				//		
5	The value of services or facilities				j j		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1	1	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<i>[</i>			
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			/			
	Add lines 7a and 7b			<del>                                     </del>			
	Public support (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	· ·	<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(a) 2010	(6) 2011	(0)2012	(a) 2013	(e) 2014	(i) iotai
	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		1				
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	#		L	<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	tne organization's	s tirst, second, thi	ra, tourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
S~	check this box and stop here	o Cimport Do				<del></del>	<u> </u>
	ction C. Computation of Publ					T T	
	Public support percentage for 2014 (I	<i>I</i>	·	column (t))		15	<u>%</u>
	Public support percentage from 2013	,,				16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20			ne 13, column (t))		17	<u>%</u>
	Investment income percentage from 2				. 45	18	<u>%</u>
19a	33 1/3% support tests - 2014. If the						/ is not
	more than 33 1/3%, check this box as		-		· ·		. ▶□
	33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u> </u>

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

		Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, " answer (b) below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2_		
3a		
3b		
3c	ļ	
4a		
1.2		
4b		
40		
4c	i	
5a	ļ	
5b		
5c	,	
6		
7		
7		
8		
9a		
9b		
9c_	-	
10a		
10b		
90 or 99	90-EZ)	2014

Part IV   Supporting Organizations (continued)   Yes   No.	Sche	edule A (Form 990 or 990-EZ) 2014 EL DORADO SERVICE LEAGUE 23-7.	26692	7 Pa	age 5
11 Has the organization accepted a gift or contribution from any of the following persons?  A person with directly or indirectly controls, where allowed organization?  A person who directly or indirectly controls, where a blove?  A 11st blove?  A 25% controlled entity of a supported organization?  10 A family member of a person described in (a) or (b) above? (if "Yes" to a, b, or c, prowde detail in Pert VI.  11st cestion B. Type I Supporting Organizations  1 Did the directors, invalese, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? (if "No." describe in Pert VI. In the supported organizations is directors or trustees at all times during the tax year? (if "No." describe in Pert VI. In the supported organization is directors or trustees at all times during the tax year. (if the organization and what conditions or restrictions, diving upported organization of the trans the supported organization and what conditions or restrictions, diving upported organization of the than the supported organization and what conditions or restrictions, diving upported organization of the than the supported organization and what conditions or restrictions, diving upported organization of the thin the supported organization of the thin the supported organization of the trans the supported organization of the trans the supported organization of the trans the supported organization of the supported organization of the supported organizations.  Section C. Type II Supporting Organizations  Ves No.  Were a majority of the organization directors or trustees during the tax year also a majority of the directors or trustees of each of the organization supported organizations organization organization organization described organizations or trustees of each of the organization organization organization organization organizations organizations described organizations organizations.  Ves No.  Org	Pa	rt IV   Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (it) and (c) below, the gowering body of a supported organizations  b A family member of a person described in (ii) above?  c A 59% controlled entity of a person described in (ii) above?  7 A 59% controlled entity of a person described in (iii) above?  8 A 59% controlled entity of a person described in (iii) above?  1 Did this directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations derection or trustees at all times during the tax year? If "No," describe he yet? If who whe supported organizations (electron or trustees) at all times during the tax year.  1 Did this directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or electrate the supported organization.  1 Did the directors, frustees, or membership of one or more supported organizations have the government of the complete that year? If "No," describe the person to the complete organization, describe the propose and the organization described the supported organization, described the supported organization of the third the supported organization other than the supported organizations or trustees of each of the organization's supported organizations of the supported organization's power decorated organization's powe	•	t		Yes	No
below, the governing body of a supported organization?  b A family member of a person described in (s) or (b) above?  c. A 35% controlled entity of a person described in (s) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, inseless, or membership of one or more supported organizations have the power to regularly appoint or elect at least a migrority of the organization of details and the supported organization or controlled the organizations and what conditions or restrictions, and in a supported organization or described the organization and the organization and what conditions or restrictions, and supported organization or described to the organization and what conditions or restrictions, and supported organization of the than the supported organization sand what conditions or restrictions, and supported organization of the supported organization (s) if the previous organization (s) if the supported organization (s) is described in (s), did the organ					
b A family member of a person descended in (a) above?  2. A 55% controlled entity of a person descended in (a) et (b) above?!! "Yes" to a, b, or c, prowde detail in Perl VI.  110  Section B. Type I Supporting Organizations  1 Did the directors, insiteses, or membership of one or more supported organizations have the power to regularly appoint or elect at least a migrory of the organizations' electrons or trustees at all times during the tax year. If I'Ve, describe in Parl VI. In with the organizations' selectors or trustees at all times during the tax year.  2 Did the organizations' activities. If the organization is directors or trustees at all times during the tax year and according to the benefit of any supported organization, describe how the powers to appoint ador arrowed welcros or trustees were ellicosted armong the supported organization, describe how the powers to appoint ador armone directors or trustees were ellicosted armong the supported organization, describe how the powers or subported organization? If "Yes," explain in Part VI how provinging such benefit came of ut the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit came of ut the purposes of the supported organization? If "Yes," explain in Part VI how provinging organizations.  2 Section C. Type II Supporting Organizations  3 Section D. Type III Supporting Organization's supported organization systems are paramised or the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization that organization's the supported organization's provided to each of the organization's supported organization's provided organization's provided organization'	а				
Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or select at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization is directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization is directors or trustees were allocated among the supported organization and more than one supported organization generally organization and more directors or trustees were allocated among the supported organization and what conditions or restrictions, if any applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the Than the supported organization of the trustees of each of the organizations. If year, and the supported organization of the supported organization of the organizations are supported organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organizations. If No," describe in Part VI now control or management of the supporting organization was vested in the same persons that controlled or managed the supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization restriction or the supported organization.  2 Section D. Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written inclose describing the type and amount of support provided during the provided provided in the supported organization's and provided in the supported organization'				<u> </u>	<b> </b>
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all utilities of the organization's directors of trustees at all utilities of the organization's directors of trustees are all utilities of the organization's directors of trustees are all utilities of the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or emmow directors or trustees were elioceted among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated for the benefit of any supported organization of the trustees were elioceted among the supported organization stay that the perposes of the supporting organization of the supported organization's three trustees, and the supporting organization.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's accordance or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the supporting Organization's accordance organization organization's trustees and trustees of each of the supporting Organization's trustees and the supported organization provide to each of its supported organization's the organization's accordance organization's understay the organization organizat		·		├─-	-
Det the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2. Did the organization operate for the benefit of any supported organization of the "Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization if "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization in "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting Organizations  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization(s) if "No," describe in Part VI how control or managed the supported organization group organizations.  1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization or supported organizations and (s) operated organizations and supported organizations an			11c	L	L
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trustees of each of the supported organizations? Provide details in <i>Part VI</i> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations Answer (a) and (b) below.			
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		trustees of each of the supported organizations? Provide details in Part VI.	3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2014 EL DORADO SERVICE LEAGU	E	2	3-7266927 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
-(1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4_	Add lines 1 through 3	4		-
_5_	Depreciation and depletion	5		<del>"</del>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		\$ \$ · ,	
	instructions for short tax year or assets held for part of year):	â		
a	Average monthly value of securities	1a		<u> </u>
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			,
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		- 1
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		• • • • • • • • • • • • • • • • • • • •
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	. 3	
2	Enter 85% of line 1	2	***	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4.3	
4	Enter greater of line 2 or line 3	4	*	
5	Income tax imposed in prior year	5	*	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

ule A (Form 990 or 990 EZ) 2014 EL DORADO SER		<del></del>	23-7266927 Page 7
V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<del></del>
	-··		Current Year
		<u> </u>	
Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI) See instructions			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which t	he organization is responsive	)	
provide details in Part VI). See instructions			
Distributable amount for 2014 from Section C, line 6	<u>.</u> .		
ine 8 amount divided by Line 9 amount			
	(i)	(ii)	(iii)
	1	· ·	Distributable
n E - Distribution Allocations (see instructions)			Amount for 2014
Distributable amount for 2014 from Section C. line 6	,		7 Amount for 2011
	22.22		2 1 4
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Distributions for 2014 from Section D,		·• ,	*
	, 7, %		, , ,
Applied to underdistributions of prior years			<u> </u>
		7.7	
Applied to 2014 distributable amount	`	* >	
Applied to 2014 distributable amount Remainder Subtract lines 4a and 4b from 4	`	* * * * * * * * * * * * * * * * * * * *	***
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if	, X*,	*	V
Remainder Subtract lines 4a and 4b from 4		* * * * * * * * * * * * * * * * * * * *	¥, *
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if	, X*,	, , , , , , , , , , , , , , , , , , ,	v , v
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount	, X*,	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount preater than zero, see instructions)		4	V. V
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract lines 3h	, X*,	4	V , V
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see	, X*,	* * * * * * * * * * * * * * * * * * * *	¥ , *
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).	, X*,	* * * * * * * * * * * * * * * * * * * *	V , V
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract Tines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j	, X*,	4	V . *
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract Tines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j and 4c.	, X*,	* * * * * * * * * * * * * * * * * * * *	v , v
Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract Tines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j and 4c.	, X*,	* * * * * * * * * * * * * * * * * * * *	V X V
	Amounts paid to perform activity that directly furthers exemply programizations, in excess of income from activity.  Administrative expenses paid to accomplish exempt purpos alternative expenses paid to accomplish exempt purpos alternative paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval required). Other distributions (describe in Part VI). See instructions.  Fotal annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the provide details in Part VI). See instructions.  Distributable amount for 2014 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  In E - Distribution Allocations (see instructions).  Distributable amount for 2014 from Section C, line 6.  Underdistributions, if any, for years prior to 2014 reasonable cause required-see instructions).  Excess distributions carryover, if any, to 2014:  From 2013  Fotal of lines 3a through each policy and the provided to underdistributions of prior years.  Applied to 2014 distributable amount.  Carryover from 2009 not applied (see instructions).  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2014 from Section D, and 7:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount  (i) Excess Distributions Distributable amount for 2014 from Section C, line 6 Line 6 June 8 amount for 2014 from Section C, line 6 Line 6 June 8 amount for 2014 from Section C, line 6 Line 6 June 8 amount for 2014 from Section C, line 6 Line 6 June 7 Line 6 June 8 Line 8 Li	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Dither distributions (describe in Part VI) See instructions Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount  (i)  (ii)  Excess Distributions Underdistributions Pre-2014  Distributable amount for 2014 from Section C, line 6 Jinderdistributions, if any, for years prior to 2014 reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014  From 2013  Total of lines 3a through e Applied to underdistributions of prior years Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Distributions for 2014 from Section D, Remander. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, Remander. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, Remander. Subtract lines 3g, 3h, and 3i from 3f.

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions).
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form 990.

Name of the organization					Employer ide	ntification number
EL DORADO SERVICE LEAGUE			23-7266	927		
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	'es" to	Form 990, Part IV, I	ne 17 Form 990-EZ	filers are not
Indicate whether the organization rais     a	e Solicitat  f Solicitat  g Special  or oral agreement with any individual  cart VII) or entity in connection with p  ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody tro! of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	<u> </u>		•			
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.						
	-					
						······································
	-					

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

	Schedule G (Form 990 or 990-EZ) 2014 EL DORADO SERVICE LEAGUE  Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000					
Pa ·	iπ	<ul> <li>Fundraising Events. Complete if the of fundraising event contributions and gr</li> </ul>				
-		3	(a) Event #1 DENIM &	(b) Event #2 GOLF	(c) Other events	(d) Total events (add col (a) through
			DIAMONDS	TOURNAMENT	1	col (c))
9			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	27,517.	41,333.	1,332.	70,182.
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	27,517.	41,333.	1,332.	70,182.
	4	Cash prizes				
ø	5	Noncash prizes		3,290.	<del></del>	3,290.
Direct Expenses	6	Rent/facility costs	850.	5,040.		5,890.
Irect E	7	Food and beverages	11,780.	4,526.		16,306.
Ü	8	Entertainment				
	9	Other direct expenses	2,133.	5,659.	46.	7,838.
	10	Direct expense summary. Add lines 4 through				33,324.
Pa	11 11			990. Part IV. line 19. or r	enorted more than	36,858.
		\$15,000 on Form 990-EZ, line 6a				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 595	bingo/progressive bingo	( <b>0</b> ) 0	col (a) through col (c))
æ		Grand revenue				
		Gross revenue				
Sesu	2	Cash prizes				
ct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<b>&gt;</b> _	
	_					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a	_	etatoe?		Yes No
		No," explain			<del></del>	Tes Mu
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	vear?	Yes No
b	If "	Yes," explain				
	_					
43208	32 08	3-28-14	·····		Schedule G (For	m 990 or 990-EZ) 2014

<u>Sche</u>	edule G (Form 990 or 990-EZ) 2014 EL DORADO SERVICE LEAGUE 23	<u>-7266927</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
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
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
b	An outside facility .	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >	<del></del>	
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		
17	Mandatory distributions		
	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 ▶ \$		_
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part II  15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	I, lines 9, 9b, 1	0b, 15b,
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Schedule G (Form 990 or 990 EZ)	EL DORADO SERVICE	LEAGUE	23-7266927 Page 4
Part IV   Supplemental Inf	EL DORADO SERVICE ormation (continued)		
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# **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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 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	15.
EDWARD JONES	126.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	141.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: SOCIAL SERVICE	
GRANTEE NAME: NUMEROUS	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	22,609.
ACTIVITY CLASSIFICATION: START SMART  GRANTEE NAME: NUMEROUS	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	9,227.
ACTIVITY CLASSIFICATION: SOCIAL SERVICE	
GRANTEE NAME: DENTAL HEALTH PROGRAM	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	300.

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

Department of the Treasury

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

EL DORADO SERVICE LEAGUE

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 23-7266927

ACTIVITY CLASSIFICATION: SCHOLARSHIP	
GRANTEE NAME: LOUISIANA TECH	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: SCHOLARSHIP	
GRANTEE NAME: UNIVERSITY OF AR	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,500.
GRANTEE NAME: OUACHITA BAPTIST UNIVERSITY	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: SOCIAL SERVICE	
GRANTEE NAME: BARTON LIBRARY	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	500.
ACTIVITY CLASSIFICATION: SCHOLARSHIP	
GRANTEE NAME: JT EDUCATION FOUNDATION	

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

EL DORADO SERVICE L'EAGUE

Employer identification number 23-7266927

EL DORADO SERVICE LEAGUE	23-7266927
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: SOCIAL SERVICE	
GRANTEE NAME: EL DORADO SCHOOL DISTRICT (OM WORLD FD)	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,000.
NAME AND ADDRESS OF THE PARTY O	
ACTIVITY CLASSIFICATION: SCHOLARSHIP	7
GRANTEE NAME: SOUTH ARK ARTS CENTER	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	500.
ACTIVITY CLASSIFICATION: CHILDRENS HOME	
GRANTEE NAME: AGAPE HOUSE	
GRANTEE ADDRESS: EL DORADO, AR 71730	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	20,234.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	60,370.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE AS	SSISTANCE TO
CHILDREN IN UNION COUNTY, ARKANSAS	

# 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EL DORADO SERVICE LEAGUE

Employer identification number 23-7266927

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.
-