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## Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

2009 Open to Public

OMB No 1545-1150

Department of the Treasury

SCANNED

**6** 

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements JUL 01 , 2009, and ending JUN 30, 2010 A For the 2009 calendar year, or tax year beginning Check if applicable D Employer identification number C Name of organization, number and street, city, town, state, and ZIP code Please Address change use IRS label or Name change 63-6049702 print or OPELIKA EXCHANGE CLUB Initial return type E Telephone number Śee 334-749-1654 Terminated Specific Instruc-PO BOX 186 F Group Exemption Amended return tions Application pending OPELIKA AL 36803-0816 Number ▶1097 G Accounting method X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check▶ | If the organization isnot required I Website: J Tax-exempt status (check only one) -X 501(c)(4 ) ◀ (insert no ) | 4947(a)(1) or | 527 to attach Sch B (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organizatioand its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return 26,880 L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions) Contributions, gifts, grants, and similar amounts received ... 1 2 2 Program service revenue including government fees and contracts 4,531. Membership dues and assessments 3 Investment income 4 5 a Gross amount from sale of assets other than inventory 5a 5 b b Less cost or other basis and sales expenses ... c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Special events and activities (complete applicable parts of Schedule G) If any amount is frogaming, check here of contributions a Gross revenue (not including \$ 22,349. reported on line 1) ......  $14,\overline{337}$ . 6 b **b** Less direct expenses other than fundraising expenses 8,012. 6с c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances 7 b b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с 8 Other revenue (describe ▶ 12,543. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 6,267. Grants and similar amounts paid (attach schedule) 10 10 3,488. 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors 13 2,765. 14 Occupancy, rent, utilities, and maintenance .... 14 15 15 Printing, publications, postage, and shipping ... 1,472.Other expenses (describe ▶NATL/LOCAL DUES 16 16 13,992. 17 Total expenses. Add lines 10 through 16 17 (1,449.)18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19,718. end-of-year figure reported on prior year's return) 19 20 Diffier changes in net assets or fund balances (attach explanation) 18,269. assets of fund balances at end of year Combine lines 18 through 20 If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II Balance Sheets. (B) End of year JUL 26 2010 (See the instructions for Part II) (A) Beginning of year 16,638. 22 15,268. 22 Cash, savings, and in siments . . 23 3,001. 3,080. 24 25 18,269 19,718. 25 Total assets 26 26 Total liabilities (describe ▶

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

27 Net assets or fund balances(line 27 of column (B)must agree with line 21)

US990EZ1 Rev 1 19,718.

27

18,269

Form 990-EZ

	M 990-EZ (2009) OPELIKA EXCHANGE CLO			63	-60	497	UZ Page 2
_Pa	rt III Statement of Program Service Accomp	lishments (See t	the instructions for Pa	rt III )	/Da		Expenses for section
Wh:	at is the organization's primary exempt purpose? COMM	UNITY SERVIC	Έ		501	(c)(3)	and 501(c)(4)
Des	cribe what was achieved in carrying out the organization's	exempt purposes. In a c	lear and concise man	ner.	orga	anızatı	ons and section
	cribe the services provided, the number of persons benefite				494	7(a)(1) others	trusts, optional
	PROMOTE PROGRAMS TO RAISE FUN				101 0	Mileis_	
40	TROPOTE TROGRAMS TO RATE TON	DO FOR DIALE	TOUTH BASE	DAL			
		<u></u>					
	(Grants \$ 4,667.) If this amount includes	foreign grants, check h	ere	▶	28a		4,667.
29	MISCELLANEOUS PROGRAMS TO BEN	EFIT THE OPE	LIKA COMMUN	1ITY			_
		<del></del>					
	(Grants \$ 1,600.) If this amount includes	foreign grants, shock h			00-		1,600.
	(Grants \$ 1,000.) It this amount includes	Toreign grants, check n	ere		29a	<del></del>	1,000.
30							
						1	
						1	
	(Grants \$ ) If this amount includes	foreign grants, check he	ere	.▶	30a		
31	Other program services (attach schedule)						
	(Grants \$ ) If this amount includes	foreign grants, check he	ere	` <b>▶</b> □ ˈ	31a		
22	Total program service expenses(add lines 28a through 31				32	<del> </del>	6,267.
~			·				
Γć	rt IV List of Officers, Directors, Trustees, and		List each one even if n				
	(a) Name and address	(b) Title & average hours per week	(c) Compensation (If not paid,	(d) Con employee			(e) Expense account and
		devoted to position	enter -0)		red com		other allowances
ΝĀ	ALL VOLUNTEER						
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FE	Other Information (Note the statement requirements in the instructions for Part V)			
33	Did the erganization engage in any activity not proviously repetied to the IBS2 If "Vee " ettech a detailed		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	1,,		v
34	•	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	,		v
35	the changes	34		_X_
33				
_	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	ľ		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	_		v
_	reporting, and proxy tax requirements?	35a		X
b b	If "Yes," has it filed a tax return or Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	_,		v
27 -	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0	۱ ـــ ۱		
b	Did the organization file Form120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee were	1	1	37
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		_X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b	4		
39	Section 501(c)(7) organizations Enter	1		
a	Initiation fees and capital contributions included on line 9	4		
b	Gross receipts, included on line 9, for public use of club facilities  39b	4		
40 a				
	section 4911 ▶, section 4912 ▶, section 4955 ▶	1,		
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 is it aware that it engaged in an excess benefit transaction with a disqualified		İ	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms			
	990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>X</u>
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization		1	
	managers or disqualified persons during the year under sections 4912, 4955, and 4958.		l	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		İ	
	reimbursed by the organization		İ	
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 •			
42 a		1-74	5-5	555
		301-		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Χ
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements to Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	, ,		
С	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu Form 1041 - Check here		Þ	· [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
		ſ	Ves	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ł	Yes	140
44		44	1	Х
A E		44	ı	Λ
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"	4=	1	v
	Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X
	Form	990-E	<b>:</b>	UO9)

6 Did th	e organization engage in direct or in	direct political campaign a	ctivities on behalf of o	r in opposition to		Yes	No
candı	dates for public office? If "Yes," com	plete Schedule C, Part I .			46		
7 Did th	e organization engage in lobbying a	ctivities? If "Yes," complet	e Schedule C, Part II		47		
8 Is the	organization a school as described	ın section 170(b)(1)(A)(ıı)?	If "Yes," complete Sc	hedule E	. 48		
	e organization make any transfers to		e related organization?	7	49a		
	s," was the related organization a se	_			49b		<u> </u>
	lete this table for the organization's	•			and key en	iploye	es) wr
each	received more than \$100,000 of com	ipensation from the organi	zation if there is none	e, enter "None "			
<del></del>		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	nense	
(a) Nan	ne and address of each employee	hours per week	(o) componibation	employee benefit plans &	accou		
(a) Haii	paid more than \$100,000	devoted to position		deferred compensation	other all		
	paid more than prospers						
		1					
			=·		<del></del>		
		1					
	_						
f Total	number of other employees paid ove	er \$100,000					
comper	te this table for the organization's fiv sation from the organization. If there me and address of each independen	e is none, enter "None "	·				on
comper		e is none, enter "None "	·	s who each received more that	an \$100,00 (c) Comp		on
comper	sation from the organization. If there	e is none, enter "None "	·				on
comper	sation from the organization. If there	e is none, enter "None "	·				on
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comper	sation from the organization. If there	e is none, enter "None "	·				on
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comper	sation from the organization. If there	e is none, enter "None "	·				on
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comper (a) Na	sation from the organization. If there me and address of each independent	e is none, enter "None " it contractor paid more tha	n \$100,000	(b) Type of service			on
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comper (a) Na d Total	number of other independent contract  Under penalties of perjury, I declare that I has and belief, it is true, correct, and complete D  Spinature of office	e is none, enter "None " It contractor paid more that to contractor paid more that to contractor paid more that to contractor paid more that to contractor paid more that to contract paid more that to contract paid more that	\$100,000 .state of the state of	d statements, and to the best of my knowled the statements and knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by the statements and the best of my knowled by th	(c) Comp		on
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d Total	sation from the organization. If there me and address of each independent mumber of other independent contract.  Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete D.  Spanature of office.  OE HIGGINS Type or print name and title.  Preparer's signature.	e is none, enter "None " It contractor paid more that paid more that It contractor paid more that pai	\$100,000 \$100,000 accompanying schedules and ifficer) is based on all informations.	istatements, and to the best of my knowled best of which preparer has any knowled best of the best of	owledge odge	ensation (See	
d Total Gign Here	number of other independent contraction.  Under penalties of perjury, I declare that I has and belief, it is true, correct, and complete D  Spinature of office  OE HIGGINS  Type or print name and title  Preparer's signature  Firm's name (or yours JMA I	e is none, enter "None " It contractor paid more that paid more that It contractor paid more that pai	\$100,000 \$100,000 accompanying schedules and officer) is based on all informations are presented by the presented by the present of the presented by the presen	istatements, and to the best of my knowled best of which preparer has any knowled best of the best of	owledge ridge	ensation (See	
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US990EZ4

## Form **4562**

**Depreciation and Amortization** 

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)		Iding Information o	-			Attachment Sequence No 67
Name(s) shown on return			ictivity to which the			Identifying number
OPELIKA EXCHA			RGANIZATI		•	63-6049702
	Expense Certain Proper	<del></del>	CANTZATI	011		05 0045702
	u have any listed property,	-	vou complete Pa	urt I		
	ee the instructions for a high	<del></del>	<u> </u>		1	250,000.
	179 property placed in serv	='		• •	. 2	<del>                                       </del>
	tion 179 property before re				3	
	Subtract line 3 from line				4	333,333.
	x year Subtract line 4 from	•		 ed	· · · · · · · · · · · · · · · · · · ·	
	instructions	•			5	
	otion of property	_	iness use only)	I	ted cost	J
d (a) Descrip	iden of property	(b) 0031 (bus	micss use only)	(6) 2.00		-
						•
7 Listed property Ente	r the amount from line 29			7		•
, , ,	section 179 property Add	amounts in column (c). I		<u>- 1</u>	. 8	
	Enter the smaller of line 5 of	* **	moo o amo .	-	. 9	
	ed deduction from line 13 o		•		10	
•	tation Enter the smaller of	•		line 5 (see ins		
	deduction Add lines 9 an				· -	
·	ed deduction to 2010 Add			1	··· ···· <u>  :=</u>	ı
	or Part III below for listed p					
	preciation Allowance and			property) (Se	e instructions	)
	allowance for qualified prop	· · · · · · · · · · · · · · · · · · ·				1
•	ee instructions)	• •			14	
15 Property subject to se					15	
, , ,	cluding ACRS)				16	
	preciation (Do not include					
<del></del>	·	Section A				
17 MACRS deductions for	or assets placed in service	in tax years beginning b	efore 2009		. 17	79.
	group any assets placed in				•	
	eral asset accounts, check			-	<b>▶</b> □	
Sec	tion B-Assets Placed in S	ervice During 2009 Tax	Year Using the (	General Depre	ciation Syste	m
	(b) Month and	(c) Basis for depr	(d) Recovery	(e)	45 Mathad	(g) Depreciation
(a) Classification of pro	pperty year placed in service	(business/investment use only - see instructions)	period	Convention	(f) Method	deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property	<del></del>					
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27 5 yrs	MM	S/L	
property			27 5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	
Section	on C-Assets Placed in Ser	vice During 2009 Tax Y	ear Using the Al	ternative Dep	reciation Syst	em
20a Class life					S/L_	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	
Part IV Summary	See instructions)	•				

21

Listed property Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form **4562** (2009)

79.

21

Page: 1

Description	Date Acqd Cost	Cost	υ υ	. •	Basıs			Prior Depr.	Current Depr.	Next Year	Prior		Gain/ Price	Sales	Date Sold
 	         	 	 	1 1 1 1 1	 	 	! !	 	 	'           	 	           	 	 	
Form: CIVIC ORGANIZATION	GANIZA	VEION													
Rental Property: N/A	ty: N/	Ŕ													
Depreciation Class: N/A	Class	3: N/A													
In Service Year: 1998	Year:	1998													
CONCESSION S 06/98	86/90	4030	4030 100		4030 SL		10.0 HY	1411				269			
CONCESSION S 12/98	12/98	10825 100	100		10825 SL	SL	10.0 HY	4873				721			
		1 1		-	1 1 1 1			1 1 1							
		14855		-	14855			6284				066			
In Service Year:	Year:	2002		-											
CHAIRS & TAB 10/02	10/02	792	792 100		792 SL	SL	10.0 HY	395	79	79		79			
		1	1		1			 	[	! !		1 1			
Form Totals:		15647	4	-	15647			6499	79	79		1069			