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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

Festus Crystal City Conservation Club

As Filed Data -

DLN: 93492214005271

D Employer identification number

43-0830685

OMB No 1545-1150

Short Form Return of Organization Exempt From Income Tax

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 12-31-2010

Open to Public Inspection

Form **990-EZ** (2010)

_ N	ame ch	nange	Number and street (or P O box, if mail is not delivered to street address) Ro	E Telephor	E Telephone number						
_	ntial ret		PO Box 547			'636) <u>9</u>	33-090	8			
_	ermınat		City or town, state or country, and ZIP + 4								
_		d return	Festus, MO 63028		F Group Ex Number		on				
ı A	ррисати	on pending									
			▼ Cash			_					
		N/A		I .				organization is not			
J Tax	-Exem	pt status(check	only one) — 501(c)(3) ▼ 501(c)(4) ◄(Insert no) 4947(a)(1) or 52	27	•			chedule B . or 990-PF)			
\$5	0,000	0 A Form 990	inization is not a section 509(a)(3) supporting organization and its -EZ or Form 990 return is not required though Form 990-N (e-pos to file a return, be sure to file a complete return	-	receipts are	norma	ally no	t more than			
			line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if	total asse	ets (Part II, line	25, col	umn (B) below) are \$500,000 or			
more		Form 990 instead	l of Form 990-EZ		<u> </u>	- \$		39,811			
Pa	rt I	_	e, Expenses, and Changes in Net Assets or Fund Balle organization used Schedule O to respond to any question in this		S (See the in:	struct •	ions fo	or Part I)			
	1	Contribution	s, gifts, grants, and similar amounts received				1	95			
	2	Program serv	vice revenue including government fees and contracts				2	52			
	3	Membership	dues and assessments				3	33,271			
	4	Investmentı	ncome				4	543			
	5a	Gross amour	nt from sale of assets other than inventory	5a							
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b							
Revenue	c c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from li	5c							
ě Š	6	Gaming and f	fundraising events								
	 a	Gross income fr	om gamıng (attach Schedule G ıf greater than \$15,000)	6a							
	ь	Gross incom reported on l \$15,000)	5								
	c	Less direct	expenses from gaming and fundraising events	6c							
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and sub	tract line 6 c)	6d	402			
	 7a	Gross sales	of inventory, less returns and allowances	7a		362					
	ь	Less cost of	fgoods sold	7b		429	1				
	l c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	-67			
	8		ue (describe in Schedule O)				8	5,086			
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	39,382			
	10	Grants and s	ımılar amounts paid (list in Schedule O)				10	1,020			
	11	Benefits paid	I to or for members				11				
	12	Salaries, oth	er compensation, and employee benefits				12	12,474			
u^ du	13	Professional	fees and other payments to independent contractors				13	525			
Expenses	14	Occupancy,	rent, utilities, and maintenance				14	30,300			
<u> </u>	15	Printing, pub	lications, postage, and shipping				15	2,098			
ш	16	Other expens	ses (describe in Schedule O)				16	10,640			
	17	Total expens	ses. Add lines 10 through 16				17	57,057			
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)	<u> </u>			18	-17,675			
etAssets	19	•	r fund balances at beginning of year (from line 27, column (A)) (mi	ust aare	e with		<u> </u>				
Ą			figure reported on prior year's return)				19	136,713			
Ret	20	•	es in net assets or fund balances (explain in Schedule O)				20				
_	21	-	r fund balances at end of year Combine lines 18 through 20 .		•	-	21	119,038			
		455665 0		• '			41	117,636			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form 990-EZ (2010) Part II Balance Sheets			Page 2
Check if the organization used Schedule O to respond to any question in t	hıs Part II		<u>୮</u>
(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	68,487	22	45,666
23 Land and buildings	66,996	23	73,372
24 Other assets (describe in Schedule O)	1,230	24	
25 Total assets	136,713	25	119,038
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	136,713	27	119,038
Part III Statement of Program Service Accomplishments Check if the organization used Schedule O to respond to any question in the statement of Program Service Accomplishments	this Part III	Ι,	Expenses quired for section 501
What is the organization's primary exempt purpose? Wildlife Habitat Improvement To teach people to respect animals and the environmen	t they live in	org	(3) and 501(c)(4) anizations and section
Describe what was achieved in carrying out the organization's exempt purposes. In a condescribe the services provided, the number of persons benefited, and other relevant in program title	•	1	47 (a)(1) trusts , ional for others)
28 Improvement of area for wildlife Educated hunters in the safety rules of hunting Ta animals and the environment they live in			
(Grants \$) If this amount includes foreign grants, check her	re 🟲	28a	45,089
29			
(Grants \$) If this amount includes foreign grants, check her	re ▶ ┌	29a	

30

(Grants \$)

(Grants \$)

31 Other program services (describe in Schedule O)

32 Total program service expenses (add lines 28a through 31a)

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

If this amount includes foreign grants, check here . . .

If this amount includes foreign grants, check here .

45,089

30a

31a

32

Ра	rt V	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	s Part V I		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y ption of each activity in Schedule O		33	1.05	No
34	of the a	iny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)	rwise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on I), but not reported on Form 990-T, explain in Schedule O why the organization of the control of the contro	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p	()())	35a		No
ь	If "Yes	s," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		Νο
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year o	covered by this return?	38a		No
ь	If "Yes	," complete Schedule L, Part II and enter the total amount involved	звь			
39		n 501(c)(7) organizations. Enter		-		
		ion fees and capital contributions included on line 9	39a			
ь	Gross	receipts, included on line 9, for public use of club facilities	39b	1		
		ا <i>S01(c)(3) organizations .</i> Enter amount of tax imposed on the organization duri	ng the vear under	1		
		4911 ▶, section 4912 ▶, section 4955				
b	transa	o 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect ction during the year or did it engage in an excess benefit transaction in a pro ed on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been	40Ь		No
c		n $501(c)(3)$ and $501(c)(4)$ organizations Enter amount of tax imposed on org lified persons during the year under sections $4912,4955,$ and 4958	anization managers or			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reinzation	mbursed by the			
е		anızatıons. At any tıme durıng the tax year, was the organızatıon a party to a p ction? If "Yes," complete Form 8886-T		40e		Νo
41	List the	states with which a copy of this return is filed 🕨				
42a	The o	rganization's books are in care of 🏲 Conservation Club Festus Crystal City	Telephone no	► <u>(63</u>	6) 933	-0908
	Locate	PO Box 547 ed at ▶ Festus, MO	ZIP + 4	▶ 63	3028	
						$\overline{}$
Б		time during the calendar year, did the organization have an interest in or a si financial account in a foreign country (such as a bank account, securities acc			Yes	No
	accour	· · · · · · · · · · · · · · · · · · ·	,	42b		Νo
	If "Yes	," enter the name of the foreign country 🕒				
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.	eport of Foreign Bank and			
c	Atany	time during the calendar year, did the organization maintain an office outside	of the US?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕒				
	Section	n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year	1041 —Check here			▶ Γ
				I	Yes	No
44a	Did the	e organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompleted instead of			
	Form 9	90-EZ.		44a		Νο
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> If of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the ye	ar?			
	T f W =	the line 44e has the organization filed a Ferry 700 to more at the con-) If Mo (provide an arm)	44c		No
a	in Sche	' to line 44c, has the organization filed a Form 720 to report these payments? Edule O	i i No, provide an explanation	44d		No

Form 990-EZ (2010)							Page
						Yes	No
45 Is any related organization a cor	•		fsection 512	2(b)(13)? <i>If</i>			
'Yes,' Form 990 and Schedule R mu	st be completed instead of Forn	n990-EZ			45		Νo
15a Did the organization receive any meaning of section 512(b)(13)?							
					45a		No
6 Did the organization engage, dire candidates for public office? If "Y			enan or or in	opposition to	46		Νο
	organizations and secti						
All section 501(c)(3) o 47-49b and 52.	organizations and section 4	1947(a)(1) nonexem	pt charitabl	e trusts must	answ	er que	stion
Check if the organization	used Schedule O to respond	to any question in this F	art V I .		<u></u>		<u> </u>
						Yes	No
7 Did the organization engage in lo	bbying activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		No
Is the organization a school desc					48		Νο
					49a		No
a Did the organization make any tr			tion?		49b		No
b If "Yes," was the related organize	ation a section 527 organizati	on?			490		"
Complete this table for the organ employees) who each received m				, ,			
• •	(b) Title and average	Insaction from the organiz		ributions to		:) Expe	nse
 a) Name and address of each emplo paid more than \$100,000 	hours per week devoted to position	(c) Compensation	employee b	oenefit plans & ompensation	a	count er allowa	and
	devoted to position		deferred c	ompensation	otne	erallowa	ances
) N E							
			1				
O(f) Total number of other employe	as paid over \$1.00.000				•		
0(f) Total number of other employed	es paid over \$100,000 .				•		
• · · · · · · · · · · · · · · · · · · ·	nization's five highest compen		ractors who e	∎ each received m	►	an \$10	0,000
Complete this table for the organ of compensation from the organia	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
• · · · · · · · · · · · · · · · · · · ·	nization's five highest compen zation Ifthere is none, enter '	'None "	1	• each received m		an \$10 Compen	
Complete this table for the organ of compensation from the organia (a) Name and address of each in	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
Complete this table for the organ of compensation from the organia (a) Name and address of each in	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
Complete this table for the organ of compensation from the organia (a) Name and address of each in	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
L Complete this table for the organ of compensation from the organiz (a) Name and address of each in	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
Complete this table for the organ of compensation from the organia (a) Name and address of each in	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
L Complete this table for the organ of compensation from the organiz	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
Complete this table for the organ of compensation from the organiz	nization's five highest compen zation Ifthere is none, enter '	'None "	1				
Complete this table for the organ of compensation from the organiz (a) Name and address of each in ONE	nization's five highest compen zation If there is none, enter ' dependent contractor paid mo	'None " re than \$100,000	1				
Complete this table for the organ of compensation from the organiz (a) Name and address of each in ONE	nization's five highest compen zation If there is none, enter ' dependent contractor paid mo	re than \$100,000 g over \$100,000	(b) Type	ofservice	(c) C	Compen	sation
Complete this table for the organ of compensation from the organiz (a) Name and address of each in ONE	nization's five highest compenzation If there is none, enter 'dependent contractor paid mo	re than \$100,000 g over \$100,000	(b) Type	ofservice	(c) C	Compen	sation
Complete this table for the organ of compensation from the organization from the organization (a) Name and address of each income. ONE I(d) Total number of other independ Did the organization complete must attach a completed Sche	lent contractors each receiving Schedule A	g over \$100,000	(b) Type	of service	(c) C	aritable Yes	sation trusts No
Complete this table for the organ of compensation from the organization from the organization (a) Name and address of each income. ONE L(d) Total number of other independ Did the organization complete must attach a completed Scheduck of perjury, I declare that owledge and belief, it is true, correct, a	lent contractors each receiving Schedule A	g over \$100,000 on 501(c)(3) organization	(b) Type	atements, and to	npt cha	aritable Yes V	trust:
Complete this table for the organ of compensation from the organization from the organization (a) Name and address of each income. ONE L(d) Total number of other independ Did the organization complete must attach a completed Scheduck of perjury, I declare that owledge and belief, it is true, correct, a	lent contractors each receiving Schedule A	g over \$100,000 on 501(c)(3) organization	(b) Type	atements, and to	npt cha	aritable Yes V	trust:
Complete this table for the organ of compensation from the organization from the organization (a) Name and address of each income. ONE L(d) Total number of other independ Did the organization complete must attach a completed Scheduck of perjury, I declare that owledge and belief, it is true, correct, a	lent contractors each receiving Schedule A	g over \$100,000 on 501(c)(3) organization	(b) Type	(a)(1) nonexen	npt cha	aritable Yes V	trust:
Complete this table for the organ of compensation from the organization from the organization. (a) Name and address of each into the organization of the organization complete must attach a completed Scheder penalties of perjury, I declare that owledge and belief, it is true, correct, a owledge.	lent contractors each receiving Schedule A	g over \$100,000 on 501(c)(3) organization	(b) Type	atements, and to	npt cha	aritable Yes V	trust:
1 Complete this table for the organistic of compensation from the organistic of the	lent contractors each receiving Schedule A? NOTE: All Section dule A	g over \$100,000 on 501(c)(3) organization	(b) Type	atements, and to	npt cha	aritable Yes V	trusts
1 Complete this table for the organ of compensation from the organization from the organization (a) Name and address of each into ONE 1(d) Total number of other independ 2 Did the organization complete must attach a completed Scheder penalties of perjury, I declare that owledge and belief, it is true, correct, a owledge. 2 Signature of officer Charles Pierce Secretary Treating Charles Pierce P	lent contractors each receiving Schedule A? NOTE: All Section dule A	g over \$100,000 on 501(c)(3) organization duding accompanying sch parer (other than officer)	(b) Type ons and 4947 edules and states is based on a	atements, and to	npt cha	aritable Yes V	trusts No r has a
1 Complete this table for the organ of compensation from the organization from the organization (a) Name and address of each into the control of the control of the control of the complete state of the complete of the control of the complete of the control of th	lent contractors each receivin Schedule A? NOTE: All Section dule A	g over \$100,000 on 501(c)(3) organization duding accompanying sch parer (other than officer)	eck if	atements, and to	npt chapt chapt the best which	aritable Yes V	trusts No r has a
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1 Complete this table for the organ of compensation from the organization from the organization (a) Name and address of each into the organization complete must attach a complete defense and belief, it is true, correct, a cowledge and belief, it is true, correct, a cowledge. 2 Did the organization complete must attach a completed Scheder penalties of perjury, I declare that owledge and belief, it is true, correct, a cowledge. 3 Signature of officer 4 Charles Pierce Secretary Treative Type or print name and title preparer's signature of officer 5 Signature of officer 6 Type or print name and title preparer's signature of officer of the organization of the organization complete must attach a complete of the organization complete of the organization complete must attach a complete of the organization complete of the organization complete must attach a complete of the organization complete organization comple	lent contractors each receivin Schedule A? NOTE: All Section dule A	g over \$100,000 on 501(c)(3) organization duding accompanying sch parer (other than officer)	eck if	r of service (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (b)(1) nonexen (c)(1) nonexen (d)(1) nonexen (d)(1) nonexen (d)(1) nonexen	npt chapt chapt the best which	aritable Yes V	trusts No r has a
(a) Name and address of each into ONE 1(d) Total number of other independ 2 Did the organization complete must attach a completed Schemer of the structure of	lent contractors each receiving Schedule A? NOTE: All Section dule A	g over \$100,000 on 501(c)(3) organization duding accompanying sch parer (other than officer)	eck if	r of service (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (b)(1) nonexen (c)(1) nonexen (c)(1) nonexen (c)(1) nonexen (c)(1) nonexen (c)(1) nonexen (d)(1) nonexen	npt chapt ch	aritable Yes V sst of my prepare	trusts No r has a

Form 990-EZ (2010)

Software ID: Software Version:

EIN: 43-0830685

Name: Festus Crystal City Conservation Club

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Charles Pierce 2498 Stonegate Dr Festus, MO 63028	Secretary Treasurer 10 00	3,249		
William Aubuchon 30 Canepa Estates Festus, MO 63028	Director 2 00	0		
Erna Hammock PO Box 354 Herculaneum, MO 63048	Director 2 00	0		
Larry Larose Sr 2077 Sunny Side Rd Festus, MO 63028	Vice President 5 00	0		
Tom Warden 406 Virginia Ave Crystal City, MO 63019	President 5 00	0		
Gene Bequette 15137 HWY TT Festus, MO 63028	Director 2 00	0		
Tom Bunch Sr 9268 Church Dr Pevely, MO 63070	Director 2 00	0		
Reggie Flecke 100 Ozark Dr Crystal City, MO 63019	Director 2 00	0		
Vicki Gaines 313 Thermistocles DeSoto, MO 63020	Director 2 00	0		
Kathy Hayes 9414 Third Ave Pevely, MO 63070	Director 2 00	0		
Loma Johnson 815 S 2nd St De Soto, MO 63020	Director 2 00	0		
Ray Weiss 830 American Legion Dr Festus, MO 63028	Director 2 00	0		
William Douglas 9963 Frzier Dr Hillsboro, MO 63050	Director 2 00	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492214005271

Employer identification number

43-0830685

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization Festus Crystal City Conservation Club

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

ldentifier	Return Reference	Explanation
		Line 8 Insurance Refund 911 Hall rental 4175 Line 10 Scholarship paid to Jefferson College, Hillsboro MO 1020 Line 16 Payments to Affiliates 270 Charitable Contributions 250 Depreciation 4669 Conferences and Meetings 1345 License Fees 123 Payroll Tax Expense 1004 Insurance 2588 Hunters Education 391

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93492214005271

OMB No 1545-0172

Form **4562**

epartment of the Treasury nternal Revenue Service (99)	•	See separate inst	ruct ions	. 🕨 Attach t	o your	Sequence No 6					
Name(s) shown on return Festus Crystal City Cons	ervation Club	Вι	ısıness	or activity to w	hıch th	tes	Identifying number				
estus Crystal City Colls	ervation Club	FC	RFOR	M 990-EZ LINI	E 14				4	3-0830685	
	•	Certain Proper	•								
		sted property, c			re yo	u con	nplete	e Part I.	I	T .	
1 Maximum amount Se		-			•				1	\$ 500,000	
2 Total cost of section	179 property plac	ed in service (see	ınstruc	ctions) .		•			2		
3 Threshold cost of sec	tion 179 property	before reduction	ın lımıta	ation (see instri	uctions) .	•		3	\$ 2,000,000	
4 Reduction in limitation	n Subtract line 3	from line 2 If zero	or less	s, enter - 0 -		•			4		
5 Dollar limitation for ta	x year Subtract	line 4 from line 1	Ifzero d	or less, enter -0)- Ifm	arrıed	filing				
separately, see instru	ictions								5		
6 (a)	Description of pr	operty		(b) Cost (bu		use	/ (c) Elected c	ost		
(-,				onl	у)		<u> </u>			-	
										-	
7 Listed property Enter	the amount from	lina 20				7	 			1	
			• ساممماس		• and 7		<u> </u>		8	-	
8 Total elected cost of	-	•	in colu	min (c), imes o	anu /	•	•				
9 Tentative deduction					•		•		9		
10 Carryover of disallowe		·				•	•		10		
11 Business income limitation							•		11		
12 Section 179 expense	deduction Add I	nes 9 and 10, but	do not	enter more thar	n line 1	1 •		• •	12		
13 Carryover of disallower					<u>. • </u>	13					
Note: Do not use Part											
	_								opert	y) (See instructions)	
14 Special depreciation a tax year (see instruct	•	lified property (oth	er than	listed property) place	d in se	ervice	during the	14		
15 Property subject to se	ection 168(f)(1) e	election							15		
16 Other depreciation (ir	ncluding ACRS)								16		
Part IIII MACRS De	epreciation (I	Do not include l	ısted p	roperty.) (Se	e ınst	ructio	ns.)				
			Se	ction A						_	
17 MACRS deductions fo	r assets placed ı	n service in tax ye	ars beg	ınnıng before 2	010				17		
18 If you are electing		•		_	•						
general asset acco											
Section B—Ass	ets Placed in			0 Tax Year	Using	the	Gen	eral Dep	<u>recia</u>	tion System	
	(b) Month and	(c) Basıs fo depreciatioi									
(a) Classification of	year placed in	(business/invest		(d) Recovery	(e) C	onvent	tion	(f) Metho	od	(g)Depreciation	
property	service	use		period	` ´			` '		deduction	
		only—see instruc	tions)								
19a 3-year property											
b 5-year property c 7-year property			-								
d 10-year property									_		
e 15-year property		1:	1,626	15 0		ΗΥ		150 DB		581	
f 20-year property			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
g 25-year property	1			25 yrs				S/L			
h Residential rental				27 5 yrs	N	1 M		S/L			
property				27 5 yrs	N	1 M		S/L			
i Nonresıdentıal real				39 yrs	N	1 M		S/L			
property					N	1 M		S/L			
	on C—Assets Plac	ed in Service Duri	ng 2010	Tax Year Using	the A	lterna	tive D	· ·	Syst	em	
20a Class life	_							S/L			
b 12-year				12 yrs	-	4.5.		S/L			
c 40-year		tions)		40 yrs		М		S/L			
Part IV Summa 21 Listed property Enter	ry (see instruc	•							21		
				nd 20 in a slice-	• ·n (a) =	· ·	. 21	Enter here			
22 Total. Add amounts fr and on the appropriate	e lines of your ret	urn Partnerships	and S c	orporations—s e	e instr			· · ·	22	581	
23 For assets shown abo portion of the basis at	•	_				23					

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other Ir	nforma	tion (C	Caution	: See	the i	nstruct	tions fo	or lim	its f	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Гпо		24	lb If "Ye	s," is th	ne ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost o ba:	rother	(busines	(e) r deprecia ss/investr se only)		(f) Recovery period	(c Meth Conve	nod/	I	(h Depreca deduc	ation/		(i) Electe section 1 cost	179
25 Special depreciation allo 50% in a qualified busi	•		rty placed	ın service (during the	tax year	and u	ised more	e than	25						
26 Property used mor	e than 50%	 	ousiness	use												
		%														
		%														
27 Property used 50%	orless in a		ıness us	е					la u							
		%							S/L - S/L -					-		
		%							S/L -							
28 Add amounts in c	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on lı	ne 21, _l	oage	1 .	28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	ere and o	n line 7,	page 1							29				
				_Infor												
Complete this section If you provided vehicles to														e vehic	les	
30 Total business/in	vestment mi	les driven dur	ına the	_	a))		(c)		(d	-		=)		f)
year (do not inclu			•	Vehi	ıcle 1	Vehi	cle 2	V e	hicle 3	<u> </u>	ehic	le 4	Vehi	cle 5	Vehi	cle 6
31 Total commuting	milas drivan	during the ve	- r							+						
32 Total other person										_						
33 Total miles driver	•									_						
through 32	• • •															
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Υ.	es	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u		by a more th	an 5%													
owner or related p 36 Is another vehicle		r porconal uc	• •		1					_						+
		stions for		vore W	ho Dro	vida \	/ohi	clas f	or He	hy '	The	ir En	anlov	005		
Answer these questio 5% owners or related	ns to determ	ine if you mee	et an exc												not mo	re thai
37 Do you maintain a employees?		y statement											our •	Y	es	No
30 D											L					
38 Do you maintain a employees? See t												your • •				
39 Do you treat all us	se of vehicles	s by employee	s as per	sonal us	e? .											
40 Do you provide movehicles, and reta			•	oyees, o	btaın ınfo	ormatio •	n froi	m your e	employe	ees ab •	out t	the us	e of the	•		
41 Do you meet the r	equirements	concerning q	ualified a	automobi	ıle demoi	nstratio	n us	e? (See	ınstruc	tions) .					
Note: If your ansv	ver to 37, 38	, 39, 40, or 4	1 ıs "Ye:	s," do no	t comple	te Sect	ion E	for the	covere	d vehi	cles					
	rtization	, , ,		,	•											
(a) Description of c		(b) Date amortization begins	1	(A mort a mo	ızable		((d) Code ection	p.	(e) ortizat eriod o rcenta	r			(f) rtizationis yea		
42 A mortization of co	osts that beg		ur 2010	tax year	(see ins	truction	ns)									
				•	-		-									
43 A mortization of co	sts that beg	an before you	r 2010 t	ax year		•					13					
44 Total. Add amoun	ts ın column	(f) See the in	structio	ns for wh	ere to re	port					14					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93492214005271

OMB No 1545-0172

Form **4562**

Department of the Treasury nternal Revenue Service (99)	•	See separate instructions. Attach to your tax return.								Sequence No 67
Name(s) shown on return Festus Crystal City Cons	ervation Club		Business	or activity to w	hıch th	ııs forn	n rela	tes	Id	dentifying number
restus Crystal City Colls	ervation Club		FOR FOR	M 990-EZ LIN	E 16				4	3-0830685
Part I Election	To Expense (Certain Pro	perty Un	der Section	179					
Note: If y	you have any li	isted property	y, complet	te Part V befo	re yo	u con	nplet	e Part I.		1
1 Maximum amount Se	e the instructions	s for a higher li	mit for certa	aın busınesses	•				1	\$ 500,000
2 Total cost of section	179 property pla	ced in service	(see instruc	ctions) .					2	
3 Threshold cost of sec	tion 179 propert	y before reduct	ion in limita	atıon (see ınstr	uctions	s) .			3	\$ 2,000,000
4 Reduction in limitation	n Subtract line 3	from line 2 If	zero or less	s, enter - 0 -					4	
5 Dollar limitation for ta	x year Subtract	line 4 from line	1 Ifzero o	or less, enter - ()- Ifm	arried	filing			
separately, see instru	ictions								5	
6 (a)	Description of pi	roporty		(b) Cost (bu	ısıness	use	1	:) Elected c	oct	
(a)	Description of pr			on	ly)		,,	.) Liecteu c		
							-			-
						1	_			-
7 Listed property Enter					•	_ 7				-
8 Total elected cost of	section 179 prop	erty Addamoi	unts ın colu	mn (c), lines 6	and 7	•	•		8	
9 Tentative deduction	Enter the smaller	of line 5 or line	e 8 .		•		•		9	
10 Carryover of disallower	ed deduction from	n line 13 of you	r 2009 For	m 4562 .					10	
11 Business income limitation	Enter the smaller of	business income	(not less than	zero) or line 5 (se	e instru	ctions)			11	
12 Section 179 expense	deduction Add I	ines 9 and 10,	but do not	enter more thai	n line 1	1 .			12	
13 Carryover of disallowe	ed deduction to 2	011 Add lines	9 and 10, I	ess line 12		13				
Note: Do not use Part	II or Part III L	below for liste	ed propert	ty. Instead, u	se Pai	t V.				•
Part II Special D	epreciation A	Allowance a	nd Other	Depreciati	on (D	o not	t ınclı	ude listed pi	ropert	y) (See instructions)
14 Special depreciation a tax year (see instruct		lified property	(other than	listed property) place	d in se	ervice	during the	14	
15 Property subject to se	ection 168(f)(1)	election .							15	
16 Other depreciation (in									16	522
	epreciation (Do not includ	de listed p	roperty.) (Se	e inst	ructio	ns.)			
	•			ction A						
17 MACRS deductions fo	r assets placed i	n service in ta	x years beg	ınnıng before 2	010				17	4,147
18 If you are electing	to group any a	ssets placed	ın service	during the ta	ax yea	ar into	one	or more		
general asset acco	unts, check he	re						▶□		
Section B—Ass									recia	ition System
		(c) Bası	I							
(a) Classification of	(b) Month and year placed in	deprecia (business/inv		(d) Recovery	(a) C	onvent	tion	(f) Metho	ر ا ا	(g)Depreciation
property	service	use		period	(e) C	onveni	LIOII	(I) Metho	, u	deduction
		only—see ins	tructions)							
19a 3-year property										
b 5-year property										
c 7 - year property	-									
d 10-year property										
e 15-year property										
f 20-year property	-			2 E vrs				C /I		
g 25-year property h Residential rental				25 yrs 27 5 yrs		<u>им</u>	_	S/L S/L		
property				27 5 yrs	+	<u>им</u>		S/L		
i Nonresidential real				39 yrs	-	<u>им</u>		S/L		
property					1	4 M				
Secti	on C—Assets Pla	ced in Service I	During 2010	Tax Year Using	the A	Iterna	tive I	Depreciat ior	ı Syst	em
20a Class life								S/L		
b 12-year				12 yrs				S/L		
c 40-year				40 yrs		ММ		S/L		
Part IV Summa	ry (see instruc	ctions)								1
21 Listed property Enter					•		•		21	
22 Total. Add amounts fr and on the appropriate								Enter here	22	4,669
23 For assets shown abo	•	_		•		23				

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other Ir	nforma	tion (C	Caution	: See	the i	nstruct	tions fo	or lim	its f	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Гпо		24	lb If "Ye	s," is th	ne ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost o ba:	rother	(busines	(e) r deprecia ss/investr se only)		(f) Recovery period	(c Meth Conve	nod/	I	(h Depreca deduc	ation/		(i) Electe section 1 cost	179
25 Special depreciation allo 50% in a qualified busi	•		rty placed	ın service (during the	tax year	and u	ised more	e than	25						
26 Property used mor	e than 50%	 	ousiness	use												
		%														
		%														
27 Property used 50%	orless in a		ıness us	е					la u							
		%							S/L - S/L -					-		
		%							S/L -							
28 Add amounts in c	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on lı	ne 21, _l	oage	1 .	28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	ere and o	n line 7,	page 1							29				
				_Infor												
Complete this section If you provided vehicles to														e vehic	les	
30 Total business/in	vestment mi	les driven dur	ına the	_	a))		(c)		(d	-		=)		f)
year (do not inclu			•	Vehi	icle 1	Vehi	cle 2	V e	hicle 3	<u> </u>	ehic	le 4	Vehi	cle 5	Vehi	cle 6
31 Total commuting	milas drivan	during the ve	- r							+						
32 Total other person										_						
33 Total miles driver	•									_						
through 32	• • •															
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Υ.	es	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u		by a more th	an 5%													
owner or related p 36 Is another vehicle		r porconal us	• •		1					_						+
		stions for		vore W	ho Dro	vida \	/ohi	clas f	or He	hy '	The	ir En	anlov	005		
Answer these questio 5% owners or related	ns to determ	ine if you mee	et an exc												not mo	re thai
37 Do you maintain a employees?		y statement											our •	Y	es	No
30 D											L					
38 Do you maintain a employees? See t												your • •				
39 Do you treat all us	se of vehicles	s by employee	s as per	sonal us	e? .											
40 Do you provide movehicles, and reta			•	oyees, o	btaın ınfo	ormatio •	n froi	m your e	employe	ees ab •	out t	the us	e of the	•		
41 Do you meet the r	equirements	concerning q	ualified a	automobi	ıle demoi	nstratio	n us	e? (See	ınstruc	tions) .					
Note: If your ansv	ver to 37, 38	, 39, 40, or 4	1 ıs "Ye:	s," do no	t comple	te Sect	ion E	for the	covere	d vehi	cles					
	rtization	, , ,		,	•											
(a) Description of c		(b) Date amortization begins	1	(A mort a mo	ızable		((d) Code ection	p.	(e) ortizat eriod o rcenta	r			(f) rtizationis yea		
42 A mortization of co	osts that beg		ur 2010	tax year	(see ins	truction	ns)									
				•	-		-									
43 A mortization of co	sts that beg	an before you	r 2010 t	ax year		•					13					
44 Total. Add amoun	ts ın column	(f) See the in	structio	ns for wh	ere to re	port					14					