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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2010

Open to Public Inspection

<u>A</u> _	For the	2010 calendar year, or tax year beginning , and ending			
B _	Check if a	pplicable C Name of organization		D Employ	er identification number
	Address o	thange W & S SOCIAL CLUB, INC.			
[]	Name cha	ange Doing Business As		63-0	896851
\Box	Initial retu	Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
		1601 RIVER RO DRIVE		205-	-799-5757
	Terminate	City of town, state of country, and ZIP + 4			
Ш	Amended	return TUSCALOOSA AL 35406		G Gross receip	155,117
	Applicatio	n pending F Name and address of pnncipal officer	H(a) Is this a	group return for affi	liates? Yes X No
		CLIFTON J. DORSEY, SR.			<u> </u>
		1601 RIVER RO DRIVE	1 ''	affiliates include	
_		TUSCALOOSA AL 35406		lo," attach a list	(see instructions)
1_		empt status 501(c)(3) X 501(c) (7) ◄ (insert no) 4947(a)(1) or 527	_		
<u>J</u>	Websit			exemption numb	per 🕨
_			Year of formation	.984 N	State of legal domicile AL
F	Part I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities			
æ	İ	SOCIAL CLUB - DRINKING PLACE			
auc					
<u> </u>					
St.	2 0	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	6 of its net asset	s	
ACTIVITIES & Commance	3	Number of voting members of the governing body (Part VI, line 1a)		3	
ev.	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
چَج	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	
卢៏	6	Total number of volunteers (estimate if necessary)		6	
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	·
)	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0
	 	Net unrelated business taxable income from 1 offit 950-1, line 34	Prior Ye		
	8 (Contributions and grants (Part VIII, line 1h)			
Revenue		Program service revenue (Part VIII, line 2g)	14	6,687	Current Year 155 , 117
Š		investment income (Part VIII, column (A), lines 3, 4, and 7d)			
æ	F	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 63	63		
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14	6,750	155,117
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		,	200/11/
		Benefits paid to or for members (Part IX, column (A) Filing (1)		+	
	45	Salaries, other compensation, employee benefits (Part & Column (A) lines 5 10)			
xpenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ben	Total				
Ä	17	Total fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1./	8,024	157,135
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX column (A) line 25)		8,024	157,135
	10	Revenue less expenses Subtract line 18 from line 22050 UT		1,274	
<u></u>	8 19 1	Revenue less expenses Subtract line 16.from line 12.2.2.2.2.2.2.2.	Beginning of Cu		
ets (20	Total assets (Part X, line 16)	208	7,683	3,965
Net Assets or	21	Total liabilities (Part X, line 26)		1,700	3,300
ž	22 1	Net assets or fund balances Subtract line 21 from line 20		5,983	3,965
	art II	Signature Block	<u> </u>	<u>5,505</u>	3,303
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a			
tr	ue, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has an	v knowledge	y knowledge an	a belief, it is
_		1 / KE 1/ >	<u>-</u>		
Sig	30				
-	_	Signfature of officer/ CT.TETON T DODGEV CD VICE	DDFCTDFI	Date	•4
He	1 C	CLIFTON J. DORSEY, SR. VICE Type or print name and title	PRESIDE	H-C TH	11
			T ₂		
Pai	Ч	Print/Type preparer's name Preparer's signature	Date 3 /5 /	Check	ıf PTIN
		WILLIAM L. DOWLING WILLIAM L. Druting	[315/	self-emp	loyed P00037759
	parer	Firm's name DOWLING & COMPANY, PC		Firm's EIN 🕨	
UŞE	Only	PO BOX 2402			
		Firm's address > TUSCALOOSA, AL 35403		Phone no	<u> 205-758-7000</u>
_		S discuss this return with the preparer shown above? (see instructions)			Yes No
For DA/		work Reduction Act Notice, see the separate instructions.			Form 990 (2010)
2//	•				•

	W & S SOCIAL CLU		0896851	`Page 2
	tatement of Program Ser heck if Schedule O contai	vice Accomplishments ns a response to any question in this P	art III	X
1 Briefly descri	ibe the organization's mission CLUB - DRINKING 1			
prior Form 99	nization undertake any significant 90 or 990-EZ? cnbe these new services on Sche	program services during the year which were not li	sted on the	Yes X No
3 Did the organiservices?		e significant changes in how it conducts, any progr	am	Yes X No
4 Describe the 501(c)(3) and	exempt purpose achievements for d 501(c)(4) organizations and sec	or each of the organization's three largest program tion 4947(a)(1) trusts are required to report the among for each program service reported		
4a (Code) (Expenses \$	including grants of \$) (Revenue \$	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
		·		
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
41.01	m services (Describe in Schedul	e O)	 	
4d Otner progra (Expenses		,		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		<u> </u>
2	is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		x
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		1	
	complete Schedule D, Part IV	9	.	X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		:	
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		w
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
•	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			-
•	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	<u> </u>	T
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	<u></u>

Form 990 (2010) W & S SOCIAL CLUB, INC. 63-0896851 Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 21 in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 22 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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? 25b If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X IV, and V, line 1 34 X 35 is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 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," complete Schedule R, Yes X No Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

197 Note. All Form 990 filers are required to complete Schedule O

38

X

Part V

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form (1096 Enter -0- into applicable be Enter the number of Forms W2 of concluded in list of Enter -0- into applicable 1 be 1					Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (pambring) without present present the gamming (pambring) without present present present the gamming (pambring) without present presen	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	_]		
reportable gamma (gamma (gamm	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Statements, Riefor the calendary are ending with or within the year covered by this return 1 It all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of fines it and 2 is greater than 250, you may be required to effect deen instructions) 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did her organization have unrelated business goes income of \$1,000 or more during the year? 4 A ray time during the calendary year, did the organization have an interest, in or a signature or other authority over, a financial account in a foreign country. P 5 Be an intructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any inxable party nority the organization file Form 8886-1? 5 Did any inxable party nority the organization file Form 8886-1? 5 Does the organization aparty to a prohibited tax shelter transaction? 5 Did any inxable party nority the organization file Form 8886-1? 5 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 Did the organization relates any appretion of the value of the goods or services provided? 5 Did the organization relates any appretion in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5 Did the organization relates when they the donor of the value of the goods or services provided? 7 Did the organization relates when they the donor of the value of the goods or services provided? 7 Did the organization relates any appretion in excess of \$75 made party as a contribution and party for which it was required to file form 8282 filed during the year? 8 Did the organization relates when they donor of the v	С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
Sataments, field for the calendar year ending with or within the year covered by this return 2 b 1 fail teast one is reported on the 2a, did the organization field all required fideral employment tax returns? Note, if the sum of fines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3a		reportable gaming (gambling) winnings to prize winners?		1c		X
It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, if the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3b 3b 3b 3b 3b 3b 3b	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross is some of \$1,000 or more during the year? 4 A lary time during the calendar year, did the organization have an interest in, or a signature or other national yours, a financial account in a foreign country (such as a bank account, securities) account. You are supported to the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities) account. You are supported to the organization account in a foreign country (such as bank account, securities) account. You are supported to the organization for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Lif Yes* to line 5a or 5b, did the organization like shelter transaction at any time during the tax year? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductable? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the organization solicit any contributions under section 170(c). 6 Did the organization state may receive deductible contributions under section 170(c). 7 Did the organization state may receive deductible contributions under section 170(c). 8 Did the organization state may receive deductible organization such as accordance and the property of the production of the property of the production of the property of the production of the pr		Statements, filed for the calendar year ending with or within the year covered by this return	2a			
3a Dit he organization have unrelated business gross income of \$1,000 or more during the year? 15 hi "Yes," has it filed a Form 990-T for this year? If "No." prowde an explanation in Schedule O 4a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country (such as a bank account, securhes account, or other financial account? 5ce instructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5ce instructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5ce instructions of fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5ce instructions of provided to a provided the shelter transaction? 5ce in Financial accountry (such the organization fine Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts 5ce in Financial Accounts 5ce	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
b If "Yes," and at fixed a Form 990-T for this year? If "No. provide an explanation in Schedule O 4a 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 Leading to the organization and the organization and secount. Securities account, or other financial account? by If "Yes," enter the name of the foreign country Leading To the organization and the foreign country Leading To the organization and the organization that it was or is a party to a prohibeted tax shelter transaction? by If "Yes," did not organization that it was or is a party to a prohibeted tax shelter transaction? by If "Yes," did not organization that it was or is a party to a prohibeted tax shelter transaction? by If "Yes," did not organization that were not tax deductible? by If "Yes," did not organization include with every solicitation an express statement that such contributions or ophis were not tax deductible? consideration of the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? by If "Yes," did not organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? by If "Yes," indicate the number of Forms \$282 filed during the year continued to the organization organization in the organization into the difference of the payor of the which it was required to file Form \$282? for the organization organization into the difference of the payment on a personal benefit contrac? for the organization organization and the organization into the payment of the organization organization organization into a contribution of organization organization into the payment of the organization file Form \$899 as required? for the organization received a contribution of organization orga		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
44 All 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 account)? 48 bit "\fos." enter the name of the foreign country 10 bit "\fos." enter the name of the foreign country 10 bit "\fos." enter the name of the foreign country 10 bit and the party of the programation that was or is a party to a prohibitions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 59 bit and the party notify the organization that was or is a party to a prohibitions of a single party notify the organization file Form 8867-7? 50 bit "\fos." for line Sa or Sb, did the organization file Form 8868-7? 51 bit "\fos." did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible? 52 bit "\fos." did the organization include with every solicidation an express statement that such contributions or gifts were not tax deductible? 53 bit of the organization standard the every solicidation an express statement that such contributions or gifts were not tax deductible? 54 bit "\fos." (an international and account the every solicidation and express statement that such contributions or gifts were not tax deductible? 54 bit of the organization receive and payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 55 bit of the organization expression and the every solicidation and services provided? 56 bit if "\fos." (an international and account the every solicidation and services provided? 57 bit for organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 822? 58 bit the organization sell, exchange, or otherwise dispose of tangible personal property, did the organization file of the payor. 59 bit the organi	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (1"Yes," enter the name of the foreign country >	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
saccunity? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instruction a party to a prohibited tax shelter transaction at any time during the tax year? 5a	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year.	ority			
b If "Yes," either the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax sheller transaction? 5a		over, a financial account in a foreign country (such as a bank account, securities account, or other financial	nal	ŀ		
See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 a		account)?		4a	<u> </u>	X
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b C If "Yes" to line Sa or 5b, did the organization file Form 8868-T? 5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solical any contributions that was or is a party to a greater than \$100,000, and did the organization solicial any contributions that may receive the deductible? 5 c Does the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5 d If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5 d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 d If "Yes," indicate the number of Forms 8282 filed during the year 7 d If "Yes," indicate the number of Forms 8282 filed during the year 8 d If "Yes," indicate the number of Forms 8282 filed during the year 9 d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? 7 f If the organization received a contribution of acis, boats, amplanes, or other vehicles, did the organization file a Form 1088-C? 7 h If the organization received a contribution of acis, boats, amplanes, or other vehicles, did the organization file a Form 1088-C? 7 h If the organization received a contribution of acis, boats, amplanes, or other vehicles, did the organization file a Form 1088-C? 7 h If the organization received a contribution of acis, boats, amplanes, or other vehicles, did the organization file a Form 1088-C? 7 h If the organization received a contribution of acis, boats, amplanes, or other vehicles, did the organization file a Form 1088-C? 7 h If the organization have excess business ho	b	If "Yes," enter the name of the foreign country				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Note. See the instructions for additional information the organization must report on Schedule O 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	11	· · · · · · · · · · · · · · · · · · ·	1 1	ł		
against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Note. See the instructions for additional information the organization must report on Schedule O 13b Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Interest the amount of reserves on hand 13c Interest the amount of reserves any payments for indoor tanning services during the tax year?			11a	_		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12a 12b 13a 13a 13a 13b 13b	D	•				1
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		-		_	ł	
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c			l i	12a	├ ─	├
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13b 13b 13b 13c		•	12b	_		
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a 14a				<u> </u>	 	₩
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c	а			13a	 	
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c 13c						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b		1 1			
4a Did the organization receive any payments for indoor tanning services during the tax year? 14a		·		_		
			13c		 	 _
b it "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		•				X
	b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	<u></u>	L

Form 990 (2010) W & S SOCIAL CLUB, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			-		_'
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	L	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the In	ternal	Revenu	<u>ie Code.</u>	.)	
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such					
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."					
	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14	L	X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				'	
a	The organization's CEO, Executive Director, or top management official			15a		X
þ	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
800	organization's exempt status with respect to such arrangements?			16b	<u> </u>	
	tion C. Disclosure					
17 40	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ly) ava	lable			
	for public inspection. Indicate how you make these available. Check all that apply					

___ Own website ____ Another's website ____ Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > CLIFTON J.DORSEY, SR 1601 RIVER RO DRIVE

TUSCALOOSA

AL 35406

205-799-5757

DAA

Form 990 (2010) 'W & S SOCIAL CLUB, INC.

63-0896851

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Form 990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
 compensated employees, and former such persons

Check this box if neither the organ (A)	nization nor any (B)	relate	ed or		zatio C)	ns co	mpe	ensated any current officer,	director, or trustee (E)	(F)
Name and Title	Average hours per			chec	k all t	hat ap		Reportable compensation	Reportable compensation from	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CLIFTON J. DORSE										
VICE PRESIDENT (2) RODNEY KING	0.00	-		X	\vdash	\vdash		0	0	0
SECRETARY	0.00			x				o	o	0
(3) GEORGE MONTGOMER	V 0.00	╁	 	^				0		<u> </u>
PRESIDENT	0.00			x		1		o	0	0
(4)										,
(5)										
(6)			-							
(7)										
(8)									·	
(9)	· · · ·		-							
(10)				<u> </u>						
(11)										
(12)										
(13)	,			-	<u> </u>					
(14)						ļ <u>.</u>			\	
(15)			-							
(16)		I.								

Part VII Sect	ion A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, and	Highest Compensated E	mployees (continued)			
(A) Name and	(B) Average	Pos	ition (C) kallt	that a	anly)	(D) Reportable	(E) Reportable	[(F) Estimated		
Name and	Tiue	hours per week (describe hours for related organizations in Schedule O)	or director	_	Officer	Key employee	employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor or at	amount of other ot	ו
(17)											 		
(18)			Н								 		
(19)			Н			-					1		
(20)						-					+		
(21)													
(22)							-		,				
(23)													
(24)													
(25)				l								 ·	
(26)							-						
(27)								-					
(28)								-			 	-	
1b Sub-total			4:-		L	<u> </u>	<u> </u>	>			 		
c Total from cor		ets to Part VII, Se	€CUO	n A				>			+		
2 Total number of	f individuals (ind	cluding but not lim		to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in			
					-4	1						Ye	s No
employee on lii	ne 1a? If "Yes,"	complete Schedu	ıle J t	for s	uch i	ındıv	idual		ee, or highest compensated and other compensation from	m the	-	3	x
									nplete Schedule J for such	in the		4	x
		a receive or accru ganization? If "Ye							unrelated organization or inc r such person	dividual		5	x
Section B. Indepen 1 Complete this t	able for your five	e highest comper	nsate	ed inc	depe	nder	nt co	ntrac	ctors that received more that	n \$100,000 of			
compensation	from the organiz	(A) business address						Π		(B) strong of services		(C Comper	i)
	viallo dila	300,1000 000,000		-					Безопр	nor or services		Compe	1380011
								-					
													
	 -									. <u> </u>			
								-		<u></u> -			
	'-		-						listed above) who	· · · · · · · · · · · · · · · · · · ·			
DAA received more	man ə 100,000 <u>1</u>	n compensation f	IOIN	ırıe (лgar	ıızat	ion 🕨					0 Form 9 5	90 (2010)

Pa	rt V	III Statement of Rev	/enue						
			- 			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ တ	10	Federated campaigns	1a				revenue		312, 313, 01 314
arti	ıa h	Membership dues	1b						
PE	0	Fundraising events	1c	-					
E E	ر ا	Related organizations	1d						
gje Bijg	u •	Government grants (contributions)	1e					1	
Sis	e	All other contributions, gifts, grants,	10						
EE	•	and similar amounts not included above	1f						
g i	g	Noncash contributions included in lines		:					
Program Service Revenue Contributions, gifts, grants and other similar amounts	9 h		10-11	,	•				
<u>e</u>		Town / Nac miles 14 11			Busn. Code				
e l	2a	Program Service Re	venue			108,031	108,031		
Re	b	MEMBERSHIP DUES				47,086			47,086
<u>.e</u>	C	1223421 242							,
ēΣ	d								
E	е								
gra	f	All other program service rev	enue					-	
Ę.	g	Total. Add lines 2a-2f				155,117			<u> </u>
	3	Investment income (including	dividend	s, interes	t,				
		and other similar amounts)	-		▶				
	4	Income from investment of ta	ax-exemp	bond pro	oceeds 🕨				
	5	Royalties			•		·		
		(ı) Rea	ıl	(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)			•				
	/a	Gross amount from sales of assets (i) Securi	ties	(11)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
		Gain or (loss)		ļ					
		Net gain or (loss)	ſ		•				
В	8a	Gross income from fundraising e	vents						
enc		(not including \$							
Sev.		of contributions reported on line	1c)				i		
Other Reven		See Part IV, line 18	а	· - ·	· - ·				
off.		Less direct expenses	b [
-		Net income or (loss) from ful	- 1	events	<u> </u>				
	9a	Gross income from gaming activi							
		See Part IV, line 19	a b						
		Less direct expenses	~ [ution	•				
		Net income or (loss) from ga	- 1	villes		-			
	iva	Gross sales of inventory, les returns and allowances			·				
ĺ	_		a b						
		Less cost of goods sold Net income or (loss) from sa	- L	nton,	•				
		Miscellaneous Rever		entory	Busn Code				<u></u>
	11a	THE COMMITTEE OF THE PARTY OF T							
	b						·· · · · · · · · · · · · · · · · ·		
	C								
	d	All other revenue							
	e	Total. Add lines 11a–11d							
	12	Total revenue. See instructi	ons		•	155,117	108,031	0	47,086

Form 990 (2010) W & S SOCIAL CLUB, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			·	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
	Accounting				
d	Lobbying				
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees	150 000	156 060		+
g	Other	156,862	156,862		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				+
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	273	273		
23	Insurance				
24	Other expenses Itemize expenses not covered				
-•	above (List miscellaneous expenses in line 24f If			•	
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
а					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	157,135	157,135		
26	Joint costs. Check here ▶ if following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
DAA	campaign and fundraising solicitation			<u> </u>	Form 990 (2010)

Part	t X Balance Sheet				1	
				(A) Beginning of year		(B) End of year
1	1 Cash—non-interest bearing			5,022	1	1,577
2	2 Savings and temporary cash investments				2	
3	3 Pledges and grants receivable, net		Γ		3	
4					4	
5	5 Receivables from current and former officers, direct	ors, trustees, key				
	employees, and highest compensated employees (Complete Part II of				
	Schedule L		1		5	
6	6 Receivables from other disqualified persons (as def	ined under section				·
	4958(f)(1)), persons described in section 4958(c)(3)	(B), and contributing				
	employers and sponsoring organizations of section	501(c)(9) voluntary		Ì		
	employees' beneficiary organizations (see instruction				6	
뚕 7					7	
Assets 8	8 Inventories for sale or use			1,800	8	1,800
و ≯	Prepaid expenses and deferred charges				9	
10	0a Land, buildings, and equipment cost or		ſ			
	other basis Complete Part VI of Schedule D	10a	2,497			
	b Less accumulated depreciation	10b	1,909	861	10c	588
11		<u> </u>			11	
12			Ī	·	12	· · · · · · · · · · · · · · · · · · ·
13	3 Investments—program-related See Part IV, line 11		Ī		13	
14				14		
15	•				15	
16	6 Total assets. Add lines 1 through 15 (must equal lii	ne 34)		7,683	16	3,965
17		•		•	17	
18			Ī		18	
19	9 Deferred revenue			19	,	
20	Tax-exempt bond liabilities				20	
ဖ္တ 21	1 Escrow or custodial account liability Complete Part	IV of Schedule D		· · · · · · · · · · · · · · · · · · ·	21	
Liabilities						
ا <u>ق</u>	employees, highest compensated employees, and	disqualified persons			1	
<u> </u>	Complete Part II of Schedule L				22	
_ 23	3 Secured mortgages and notes payable to unrelated	third parties	Γ		23	
24	4 Unsecured notes and loans payable to unrelated the	rd parties	ſ		24	
25			[1,700	25	
26	6 Total liabilities. Add lines 17 through 25			1,700	26	
ς.	Organizations that follow SFAS 117, check here	and complete		<u> </u>		
ည္ကို	lines 27 through 29, and lines 33 and 34.					
<u> </u>	7 Unrestricted net assets				27	
<u>සි</u> 28	8 Temporarily restricted net assets				28	
고 29	9 Permanently restricted net assets		Ţ		29	
.≒∣	Organizations that do not follow SFAS 117, che	ck here 🕨 🗓 and	[- ··· ·		
	complete lines 30 through 34.	_				
ις 30	_			 	30	
31 ي ق	1 Paid-in or capital surplus, or land, building, or equip	ment fund			31	
ğ 32	•			5,983		3,965
Net Assets or Fund Balances	•			5,983		3,965
ž 34	4 Total liabilities and net assets/fund balances		Ī	7,683	34	3,965

Form **990** (2010)

orm	1990 (2010) W & S SOCIAL CLUB, INC. 63-0896851			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				_
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>117</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 135</u>
3	Revenue less expenses Subtract line 2 from line 1	3			018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>5,</u>	<u>983</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		3,	<u>965</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	L	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				i
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L

SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 63-0896851 W & S SOCIAL CLUB, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

4	Describ	e in Pa	art XIV	tne intena	ea uses of tr	ne or	ganization s	enaow	ment tur	าตร		
_												40

Part VI	Land, Buildings, and E	quipment. See Form 990,	Part X, line 10.		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Building	ıs		· · · · · · · · · · · · · · · · · · ·		
c Leaseh	old improvements				
d Equipm	ent		2,497		2,497
e Other				1,909	-1,909
Total. Add line	es 1a through 1e (Column (d) mu	st equal Form 990, Part X, column	(B), line 10(c))	>	588

Schedule D (Form 990) 2010

Schedule D (Fo	orm 990) 2010 W & S SOCIAL CLUB, INC.		63-0896851	Page 3
Part VII	Investments—Other Securities. See Form 990,	Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	r market value
(1) Financial d	lerivatives	-		
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	i		 	
(F)				
(G)				
(H)			 	
(1)				
	(b) must equal Form 990, Part X, col (B) line 12)	Dort V. line 12	1	
Part VIII	Investments—Program Related. See Form 990	(b) Book value	(c) Method of	Lyphoton
	(a) Description of investment type	(b) Book value	Cost or end-of-yea	
			000, 01, 01,0 01, 70,0	
(1)			· ·	
(2)				··
(3)				· · · · · · · · · · · · · · · · · · ·
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13)			.,
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
(10)				
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, line 25			
1.	(a) Description of liability	(b) Amount		
	income taxes		_	
(2)	·			
(3)			_	
(4)			_	
(5)				
(6)		 	-	
(8)			+	
(9)	·		+	
(10)			-	
(11)			_	
	n (b) must equal Form 990, Part X, col (B) line 25)		_	
- Column	Control of the contro	<u> </u>	-1-4	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 W & S SOCIAL CLUB, INC.		63-0896851	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fin	ancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	·
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
_Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	venue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Pa	art XIII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	cpenses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide

any additional information

Schedule D (Form 990) 2010 W & S SOCIAL CLUB, INC.

63-0896851

Page 5

Part XIV Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

W & S SOCIAL CLUB, INC.

Employer identification number 63-0896851

Form 990, Part III, Line 4d - All Other Achievements SOCIAL CLUB - DRINKING PLACE

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2010

Attachment 6

Name(s) shown on return

W & S SOCIAL CLUB.INC

► See separate instructions.

Identifying number 63-0896851

		0011111 01102	,						
	ess or activity to which this form relates								
	direct Depreciati		amellade Co-	tion 470					
Pa	rt I Election To Expens	•	•		m	nloto Dar	 1		
1	Note: If you have a Maximum amount (see instructions)		y, complete Fa	it v belole yo	ı com	piele Fai	t i.	1	500,000
2	Total cost of section 179 property p	•	instructions)					2	300,000
3	Threshold cost of section 179 property p	•	•	tructions)				3	2,000,000
4	Reduction in limitation Subtract line			a dollor loy				4	
5	Dollar limitation for tax year Subtract line			ed filing separately, s	ee instru	ctions		5	
6	(a) Description			(b) Cost (business u		T	lected cost		
							-		
7	Listed property Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pro	operty Add amounts	ın column (c), lines	6 and 7	·			8	
9	Tentative deduction Enter the sma	ller of line 5 or line 8						9	
10	Carryover of disallowed deduction f	rom line 13 of your 20	009 Form 4562					10	
11	Business income limitation. Enter the	ne smaller of business	s income (not less th	nan zero) or line 5	(see ins	tructions)		11	
12	Section 179 expense deduction Ad	ld lines 9 and 10, but	do not enter more th	nan line 11				12	
13	Carryover of disallowed deduction t	o 2011 Add lines 9 a	nd 10, less line 12	>	13				
Note	Do not use Part II or Part III below t								
Pa	rt II Special Depreciati	<u>on Allowance a</u>	nd Other Depre	eciation (Do n	ot inc	<u>lude liste</u>	d prope	rty.)	(See instructions)
14	Special depreciation allowance for	qualified property (oth	er than listed prope	rty) placed in servi	ce				
	during the tax year (see instructions	s)						14	
15	Property subject to section 168(f)(1) election						15	
<u> 16</u>	Other depreciation (including ACRS			 				16	L
Pa	rt III MACRS Depreciati	ion (Do not inclu			uction	<u>1S.)</u>			
			Section						072
17	MACRS deductions for assets place	•						17	273
18	If you are electing to group any assets pl								
	Section B—	Assets Placed in Se	,			erai Depred	lation Sy	Stem	T
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investmer only–see instruction	nt use	(e)	Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property								
<u>b</u>	5-year property								
С	7-year property	-					· - · · - ·		
<u>d</u>	10-year property	4							
е	15-year property				-		-		
f_	20-year property	1			+				
g	25-year property			25 yrs	 		S/L		
h	Residential rental property	ļ		27 5 yrs	+-	MM	S/L		
			<u> </u>	27 5 yrs		MM	S/L		
i	Nonresidential real property			39 yrs		MM	S/L		
	· · · · ·	l ssets Placed in Sen	ion During 2010 Te	You Haine the	Altorn	MM Door	S/L		
20-		SSELS Placed III SER	Tice During 2010 18	ax Year Using the	Aitem	ative Depre			<u> </u>
20a		1		42	+		S/L		
	12-year			12 yrs	+	NAN A	S/L		
	40-year Int IV Summary (See ins	tructions)	<u> </u>	40 yrs		MM	S/L		<u> </u>
								24	
21 22	Listed property Enter amount from		noe 10 and 20	imp (a) and the c	4 Fetc	r horo		21	
22	Total. Add amounts from line 12, line and on the appropriate lines of your				i Ente	nere		22	273
23	For assets shown above and place	d in service during th	e current year, entei	r the					
	portion of the basis attributable to s	ection 263A costs			23				