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Form

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 2011

Open to Public Inspection

А	For the 201	r calendar year, or tax year beginning , and ending					
В	Checl if applicable	C Name of organization	_	D Employer i	tentification number		
	Address change	W & S SOCIAL CLUB, INC.					
	Name change	Doing Business As		63-0	<u>896851</u>		
	_	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone r	umber		
	Initial return	1601 RIVER RO DRIVE		205-	799-5757		
	Terminated	City or town, state or country, and ZIP + 4					
	Amended return	TUSCALOOSA AL 35406		G Gross receipts	123,001		
	Application pendi	F Name and address of principal officer					
	~ppiication pendi	CLIFTON J. DORSEY, SR.	H(a) Is this a gi	roup return for affilia	tes? Yes X No		
		1601 RIVER RO DRIVE	H(b) Are all aff	filiates included?	Yes No		
		TUSCALOOSA AL 35406	If "No	o," attach a list (see	instructions)		
_	Tax-exempt stat	us 501(c)(3) <b>X</b> 501(c) ( <b>7</b> ) <b>◄</b> (unsert no ) 4947(a)(1) or 527	7				
	Website	N/A	H(c) Group ex	emption number			
<u>-</u>	Form of organiza	tion X Corporation Trust Association Other ► L Y		004	State of legal domicile AL		
_		Summary		4.22			
Ť		describe the organization's mission or most significant activities					
	1	CIAL CLUB - DRINKING PLACE					
၁င							
па							
Governance	0.051	the back of the second of the	_6.444	_			
ô	<b>I</b>	this box > if the organization discontinued its operations or disposed of more than 25%	of its net assets	1 1			
	1	er of voting members of the governing body (Part VI, line 1a)		3			
Activities &		er of independent voting members of the governing body (Part VI, line 1b)		4	·		
.₹	5 Total	number of individuals employed in calendar year 2011 (Part V, line 2a)		5	<del> </del>		
Act		number of volunteers (estimate if necessary)		6			
_	7a Total	unrelated business revenue from Part VIII, column (C), life ECEIVED		7a			
		orelated business tayable income from Form 900. T. line 34		7b	0		
		butions and grants (Part VIII, line 1h)  am service revenue (Part VIII, line 2q)	Prior Yea	ar	Current Year		
ø	8 Contri	butions and grants (Part VIII, line 1h)					
Revenue	9 Progr	am service revenue (Part VIII, line 2g) <u>∝</u>	15	5,117	123,001		
eve	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT					
œ		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)					
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15.	5,117	123,001		
	<del></del>	s and similar amounts paid (Part IX, column (A), lines 1–3)	-				
		its paid to or for members (Part IX, column (A), line 4)					
	45 Colors	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)					
ses	16a Profes	ssional fundraising fees (Part IX, column (A), line 11e)		<u> </u>			
xpenses	h Total	fundraising expenses (Part IX, column (D), line 25) ▶					
X	47 Othor	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15	7,135	123,086		
	1			7,135	123,086		
	1	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,018			
		nue less expenses Subtract line 18 from line 12	Beginning of Cur		-85 End of Year		
tso	20 Total	assets (Part X, line 16)		3,965	3,880		
SS	20 Total	liabilities (Part X, line 26)		0,300	3,000		
Net Assets or	21 Total	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		3,965	3,880		
		ssets or fund balances Subtract line 21 from line 20		3,965	3,880		
127	Part II	Signature Block	<del></del>				
		of perjury, I declare that I have examined this return, including accompanying schedules and statements,		f my knowledge	and belief, it is		
<b>≫</b> (i	ue, correct, an	d complete Declaration of preparer (other than officer) is based on all information of which preparer has a		<del>-                                    </del>			
2		1 yes y, wanya	<del></del>	3-13-	<u>.13</u>		
์ รู่ Si	gn 🖊	Signature of officer		Date			
He	re		<u>PRESIDEN</u>	<u>IT</u>	<u> </u>		
<u>-</u>		Type or print name and title			<b></b>		
<u> </u>	Pant	Type preparer's name Preparer's signature	Date	Check	d PTIN		
-₽ai	id WIL	LIAM L. DOWLING Children L. Dowling	2/25/	12 self-employ	P00037759		
-Rre	eparer <sub>Furn</sub>	s name DOWLING & COMPANY, PC		īrm's EIN ▶	63-1105392		
₹ŋ2	e Only	PO BOX 2402					
ے ک	į.	s address TUSCALOOSA, AL 35403	١,	Phone no 2	205-758-7000		
		cuss this return with the preparer shown above? (see instructions)			Yes No		
		Reduction Act Notice, see the separate instructions.			Form 990 (2011)		
DAS	•				FOIRI JJU (2011)		

	W & S SOCIAL CLUB		896851	Page 2
	tatement of Program Servi heck if Schedule O contains	ce Accomplishments a response to any question in this Part	III	X
1 Briefly descr	nbe the organization's mission CLUB - DRINKING PI			<del></del> -
prior Form 9 If "Yes," des Did the orga services? If "Yes," des Describe the expenses S	90 or 990-EZ?  cribe these new services on Schedulinization cease conducting, or make cribe these changes on Schedule Objection (2014) organization's program service acception 501(c)(3) and 501(c)(4) organization.	ogram services during the year which were not listle O significant changes in how it conducts, any program omplishments for each of its three largest program in a lizations and section 4947(a)(1) trusts are require es, and revenue, if any, for each program service	m n services, as measured by d to report the amount of	Yes X No
4a (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	•			
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other progra (Expenses	am services (Describe in Schedule ( \$ 123,086 inclu		Revenue \$	)
-	am service expenses ▶	123,086		
744				<b>990</b> (2011)

	990 (2011) W & S SOCIAL CLUB, INC.	63-0896851	F	age :
<u>P</u> :	art 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 four			
2	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see inst	——————————————————————————————————————	+	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of candidates for public office? If "Yes," complete Schedule C, Part I	• • • • • • • • • • • • • • • • • • • •		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or	boye a cortion FO1/b)	+-	X
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives	s membership dues	+	+-
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," cor	-		
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts		+	† <del></del>
•	have the right to provide advice on the distribution or investment of amounts in such fun			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to p		†	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule			x
8	Did the organization maintain collections of works of art, historical treasures, or other sir		<del>                                     </del>	
	complete Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amount			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation sen	/ices? If "Yes,"		
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporant	y restricted		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Scheo	dule D, Part V	╽.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Sci	nedule D, Parts VI,		
	VII, VIII, IX, or X as applicable			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line	10? If "Yes,"		ļ
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 1	2 that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111	<u> </u>	X
С	, , , , , , , , , , , , , , , , , , , ,	3 that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	:	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or mo	ore of its total assets		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		_	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," com	·	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year incl			<u></u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," of		<del>-</del>	X
128	Did the organization obtain separate, independent audited financial statements for the ta			
h	Schedule D, Parts XI, XII, and XIII	12a	1	X
b	Was the organization included in consolidated, independent audited financial statements the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, a			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Sch	•		X
14a	Did the organization maintain an office, employees, or agents outside of the United State	<del> </del>	-	X
b		<u> </u>	+-	<u> </u>
_	fundraising, business, investment, and program service activities outside the United Sta	- · · · · · · · · · · · · · · · · · · ·		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I		.	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or		<b>'</b>	† <del></del>
	organization or entity located outside the United States? If "Yes," complete Schedule F,			x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate			T -
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III	and IV		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fur			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instruct			x
18	Did the organization report more than \$15,000 total of fundraising event gross income a	·		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	x
9	Did the organization report more than \$15,000 of gross income from gaming activities of	n Part VIII, line 9a?		
	If "Yes," complete Schedule G, Part III	19		X
20-2	Did the example poemts one or more beautal facilities? If "Vee " complete Cabedy to		1	1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

# Form 990 (2011) W & S SOCIAL CLUB, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person duning 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?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28ь		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	i	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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	X	
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,			
	Part VI	37		X
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
		For	<sub>m</sub> 990	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				_ _
		I I		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•	2b		
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	<u>•</u>			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	aal			
	account)?		4a		X
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 Acc	counts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17	_5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		_8_		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	J I		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	]		
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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. Check if Schedule O contains a response to any question in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1h 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X Each committee with authority to act on behalf of the governing body? X 8ь 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website | Another's website | Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy. and financial statements available to the public during the tax year 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 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) v/ho 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

X Check this box if neither the orga		relate	d or			ns com	pe	nsated any current officer,	director, or trustee	,	
(A) Name and Title	(B) Average hours per week (describe hours for related	offi	k, unle	Pos check ess pe	rson :	than one s both an ftrustee) Highest		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization	
	organizations in Schedule O)	Individual trustee or director	Institutional trustee	cer	Key employee	Former Highest compensated employee		, =,		and related organizations	
(1) CLIFTON J. DORSE		П					Ī				
VICE PRESIDENT	0.00	$\sqcup$		X		$oxed{oxed}$	_	0	0	0	
(2) RODNEY KING								_	_		
SECRETARY	0.00	$\vdash$		X		$\vdash \vdash$	4	0	0	0	
(3) GEORGE MONTGOMER	0.00			X			1	^	_		
PRESIDENT (4)	0.00			•		-		0	0	0	
(5)									· #		
(6)	· · · · · · · · · · · · · · · · · · ·										
(7)							İ				
(8)			-								
(9)								· · · · · · · · · · · · · · · · · · ·			
(10)							1	·			
(11)							1				
(12)							1				
(13)		П									
(14)							1	·			

	08 02/25/2012 11 05 AM 1 990 (2011) <b>W &amp; S SO</b>	CIAL CLU	3,I	NC					63-089	6851		F	Page 8	
						mplo	yee	s, and Highest Compensated Employees (continued)				rage v		
(A) Name and title ,		(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee					an	in from	(E) Reportable compensation from related organizations	(F Estim amou oth compen	nated int of ier nsation		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz and re organiz	zation elated		
(15)														
(16)		<del>                                     </del>			_									
(17)		+												
(18)	· · · · · · · · · · · · · · · · · · ·	_						-						
(19)		-							J					
(20)					 									
(21)					i				-					
(22)														
(23)														
(24)			ļ —											
(25)									-					
1b c	Sub-total Total from continuation she	ets to Part VII. S	ectio	on A		<b>.</b>		<b>&gt;</b>						
d	Total (add lines 1b and 1c)							<u> </u>				<del></del>		
2	Total number of individuals (in reportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in				
3	Did the organization list any fo								ee, or highest compensated	l		Yes	No	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum o	f rep	ortab	le co	mpe	ensat	ion a	and other compensation from	m the	3		X	
5	individual  Did any person listed on line 1	-								dividuat	4		x	
Sec	for services rendered to the or tion B. Independent Contract	ganization? If "Ye									5	<u> </u>	X	
1	Complete this table for your five compensation from the organic	zation Report coi	nsate mper	d ind	depe	nder r the	nt cor	ntrac	year ending with or within t	the organization's tax year				
	Name and	(A) d business address							Descrip	(B) toon of services	ca	(C) ompensat	tion	
	<del>-</del>	_												
									<del></del> -					
								<u> </u>						
									3-1					
2	Total number of independent of	contractors (include	ling t	out n	ot lın	nited	to th	ose	listed above) who					
	received more than \$100,000	of compensation	from	the c	orgai	nızat	on 🕨			00				

Form 990 (2011) W & S SOCIAL CLUB, INC.

<u>Pa</u>	<u>rt V</u>	III Staten	<u>nent of Reve</u>	nue						
			,				(A) Total revenue	(B) Related or	(C)	(D) Revenue
		•					Total revenue	exempt	Unrelated business	excluded from tax
			•					function revenue	revenue	under sections 512, 513, or 514
ts S	1a	Federated can	npaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership d		1b						
٦٥	c	Fundraising ev		1c						
ifts r A	٦	Related organi		1d		·				
, Gi	u			1						
Sin		Government grants		1e						
utic	T	All other contribution and similar amounts		,,						
햞				1f			:			
ont od (	g		ns included in lines 1a-	if S	5					
	h	Total Add line	es 1a–1f			<u> </u>				
Program Service Revenue						Busn. Code				
ve	2a	Program	Service Reve	nue			82,909	82,909		
Re	b	MEMBERSI	HIP DUES			Ĺ	40,090			40,090
Ş	С	ROUNDING	3				2	2		
Ser	d								_	
Ē	е							,		
gr	f	All other progra	am service rever	nue					**	<del></del>
P	a	Total Add line					123,001			
	3		ome (including d	ıvıdend	s. interes	t.	,			<u> </u>
		and other simil			.,					
	4		vestment of tax-	evemn	hond pro	ceeds	<del></del>			
	5	Royalties	resultent of tax	CACINIP	bona pro	)				
	•	Noyanies	(i) Real		(n) E	Personal				<del></del>
	٠.	C	(i) Near		(11) F	CISOIIII				
	6a	Gross rents		-+						
	b	Less rental exps								
	С	Rental inc or (loss)								
	d 7a	Net rental inco Gross amount from								<del></del>
	, 0	sales of assets	(i) Secunties		(11)	Other	•			
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (los	ss)	_		•				
m.	8a	Gross income fro	om fundraising ever	ıts						· · · · · · · · · · · · · · · · · · ·
Other Revenue		(not including \$								
eve		of contributions r	reported on line 1c)							
Ř		See Part IV, line		a						
the	b	Less direct ex		ь	7.					
O			(loss) from fundr	aising (	events	•				
			om gaming activities	Г					···=	·
		See Part IV, line		a						
	ь	Less direct ex		ь						
			(loss) from gami	٠.	rities	<u> </u>				
			inventory, less	ا الله						
		returns and all		a						
	h	Less cost of g		ь						
		-	(loss) from sales	- L	nton		-			
			cellaneous Revenue	OI IIIVE	ritory	Busn. Code				
	14.	MIS	Series Marcine			Duais Code	-			
	11a									
	b									
	C	A.B 42						<del></del>		
	d	All other reven				L		· · · · · · · · · · · · · · · · · · ·	·	
	e	Total. Add line					100.004	00.011		46.55
	12	i otal revenue	. See instruction	s			123,001	82,911	0	40,090

## 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)	

	Check if Schedule O contains a response	to any question in this Part	IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising 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		<del>"-</del> "		
	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,		·		
3	trustees, and key employees				
c	Compensation not included above, to disqualified		<del></del>		<u> </u>
6	•				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	122,863	122,863		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			-	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	- "			
21	Payments to affiliates		·		<del></del>
22	Depreciation, depletion, and amortization	223	223		
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	,				
b				-	
c		`			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	123,086	123,086	0	0
26	Joint costs. Complete this line only if the	125,000	223,000		<del></del>
_•	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
	10110111119 001 30°2 (NOU 300°120)	L			<u> </u>

Part X	Balance Sheet		(A)		(B)
	•		Beginning of year		End of year
1	Cash—non-interest bearing		1,577	1	1,750
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net		-	4	· · · · · · · · · · · · · · · · · · ·
5	Receivables from current and former officers, directors, trustees, key				
	employees, and highest compensated employees Complete Part II of				
	Schedule L			5	
6	Receivables from other disqualified persons (as defined 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		_		
,	employees' beneficiary organizations (see instructions)		6		
7	Notes and loans receivable, net			7	
č   8	Inventories for sale or use		1,800	8	1,765
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or		*		
	other basis Complete Part VI of Schedule D	2,497	-		
b	Less accumulated depreciation 10b	2,132	588	10c	365
11	Investments—publicly traded secunties			11	·
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	<u>-</u>
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,965	16	3,880
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
22	Payables to current and former officers, directors, trustees, key				
	employees, highest compensated employees, and disqualified persons		-		
Liabilities	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third parties			23	
24	Unsecured notes and loans payable to unrelated third parties	•		24	_
25	Other liabilities (including federal income tax, payables to related third				
	parties, and other liabilities not included on lines 17-24) Complete Part X				
	of Schedule D			25	
26			0	26	0
	Organizations that follow SFAS 117, check here ▶ ☐ and complete				:
82   27 28   28	lines 27 through 29, and lines 33 and 34.				
E 27	Unrestricted net assets		<del></del>	27	
	Temporanly restricted net assets			28	
E   29	Permanently restricted net assets			29	
<u> </u>	Organizations that do not follow SFAS 117, check here ▶ 🗶 and			1	
Net Assets or Fund 30 31 32	complete lines 30 through 34.			20	
9   30	· · · · · · · · · · · · · · · · · · ·			30	-
¥   31	Paid-in or capital surplus, or land, building, or equipment fund	3,965	31	3,880	
	Retained earnings, endowment, accumulated income, or other funds		3,965		3,880
33	Total net assets or fund balances		3,965		3,880
34	Total liabilities and net assets/fund balances		3,300	1 34	Form <b>990</b> (2011

Form 990 (2011)

## 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection

Jame of the organization

Employer identification number

varne	of the organization	'	Linpioyer	identification hamber
W	& S SOCIAL CLUB, INC.			896851
Pa	organizations Maintaining Donor Advised Fur		counts	. Complete if the
	organization answered "Yes" to Form 990, Part IV	(a) Donor advised funds		b) Funds and other accounts
	Tatal asserbes at and of soor	(a) Solidi advised idildis		of this and other accounts
1	Total number at end of year	<del></del>		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	<u> </u>		
5	Did the organization inform all donors and donor advisors in writing that t			Ο Ο
_	funds are the organization's property, subject to the organization's exclus	_		∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	• •		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		П. П.
_	conferring impermissible private benefit?	-:	0 D	Yes No
	rt II Conservation Easements. Complete if the organ		u, Pan	t IV, line /
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor		l area
	Protection of natural habitat	Preservation of a certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservatio	n	
	easement on the last day of the tax year			
			<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a		
	historic structure listed in the National Register		2d	<u></u>
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization d	unng the	•
	tax year ▶			
4	Number of states where property subject to conservation easement is loc	cated ▶		
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year		
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year		
	<b>▶</b> \$	• •		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, an	d	
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements that describ	es the	
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sir	nilar A	Assets.
	Complete if the organization answered "Yes" to F	orm 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	æ sheet	
	works of art, historical treasures, or other similar assets held for public ex	•		
	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 r		heet	
	works of art, historical treasures, or other similar assets held for public ex	•		
	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 o	ther similar assets for financial dain, provide	the	•
-	following amounts required to be reported under SFAS 116 (ASC 958) re			
а	Revenues included in Form 990, Part VIII, line 1	and to more remo	<b>.</b>	· \$
	Assets included in Form 990. Part X			· \$

Schedule D (Form 990) 2011 W & S SOCI	AL CLUB, I	NC.		63-08968	51	Page <b>2</b>
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
3 Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, o	check any of the foll	owing that are a	a significant use of	ıts	
a Public exhibition	d 🗌 L	oan or exchange p	rograms			
b Scholarly research	e 🗍 (	Other				
c Preservation for future generations						
4 Provide a description of the organization's collect	tions and explain ho	ow they further the o	organization's e	xempt purpose in f	Part .	
XIV						
5 During the year, did the organization solicit or re-	ceive donations of a	ırt, historical treasur	es, or other sin	ular		
assets to be sold to raise funds rather than to be						Yes No
Part IV Escrow and Custodial Arrar	_		anization an	swered "Yes" to	o Form 99	0, Part IV,
line 9, or reported an amount		·				
1a Is the organization an agent, trustee, custodian of	or other intermedian	y for contributions o	r other assets r	ot		
included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part XIV and	I complete the follow	wing table				<u> </u>
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount on Form	990, Part X, line 21	15				☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIV	a if Aba a a a a		4\\\!!\\\	000 D-+ N	. l 40	
Part V Endowment Funds. Complet			1			(-) [
	(a) Current year	(b) Pnor year	(c) Two ye	ars back (d) Ir	nree years back	(e) Four years back
1a Beginning of year balance					<del></del>	<del></del>
b Contributions			+			- <del> </del>
c Net investment earnings, gains, and						
losses			-	<del></del>		<del> </del>
d Grants or scholarships		<del></del>				
e Other expenditures for facilities and						
programs						<del>-</del>
f Administrative expenses			<del></del>	• • • • • • • • • • • • • • • • • • • •		<del></del>
g End of year balance		<del> </del>		<u>.</u>		
2 Provide the estimated percentage of the current		line 1g, column (a))	held as			
a Board designated or quasi-endowment ▶	%					
b Permanent endowment ▶ %	04					
c Temporarily restricted endowment	%					
The percentages in lines 2a, 2b, and 2c should of	•					
3a Are there endowment funds not in the possession	on of the organization	in that are held and	administered to	or the		[ <u>,</u>
organization by						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" to 3a(ii), are the related organizations lis	•					3b
4 Describe in Part XIV the intended uses of the on			20.10			
Part VI Land, Buildings, and Equip	(a) Cost or other b					(d) Deels webse
Description of property	(a) Cost or other ba	1 ''	or other basis other)	(c) Accumulate depreciation	i i	(d) Book value
1a Land	,	<del></del>		35,133301		
1a Land b Buildings					+	<u> </u>
c Leasehold improvements						<del></del>
d Equipment						·
e Other			2,497	9	,132	365
Total. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X	, column (B), line 10			<b>&gt;</b>	365

Part VII	Investments—Other Securities. See F	orm 990, Pa	rt X, line 12.		
	(a) Description of security or category		(b) Book value	(c) Method o	f valuation
	(including name of security)			Cost or end-of-ye	ar market value
(1) Financial of	denvatives				<del></del>
	eld equity interests				
(3) Other	4 7		<del></del>	-	
(A)			·		
(B)		<u> </u>			
		<u> </u>	<del></del>	<del></del>	
(C)		<u> </u>	···		
(D)		<u> </u>			
(E)					
(F)		<u> </u>	<u></u>		
(G)					
(H)					
<u>(I)</u>					
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12.)	<b>•</b>			<del></del>
Part VIII	Investments—Program Related. See F	Form 990, Pa	art X, line 13.		
	(a) Description of investment type		(b) Book value	(c) Method of Cost or end-of-ye	
(1)					<del></del> -
(2)			· <u> </u>		·
(3)				<del></del>	<del></del>
(4)		<del></del>	·	<del></del>	
				·	<del></del> -
(5)	<del></del>				
(6)	· · · · · · · · · · · · · · · · · · ·				
(7)					
(8)	<del></del>	<u> </u>			<del></del>
(9)					
(10)					
	n (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>			
Part IX	Other Assets. See Form 990, Part X, lin	<u>ne 15.</u>			
	(a) Des	cription			(b) Book value
(1)					
(2)					
(3)					
(4)	<del></del>				
(5)		t. ·			
(6)					
(7)	·-			<del></del>	
(8)					·
(9)			· · · · · · · · · · · · · · · · · · ·	-	· -
(10)	(h) must sound Form 000, Part V and (D) has 45)		<del></del>		
	(b) must equal Form 990, Part X, col (B) line 15)	E 05	· · · · · · · · · · · · · · · · · · ·		
Part X	Other Liabilities. See Form 990, Part X	, line 25			
1.	(a) Description of liability		(b) Book value		
	income taxes				
(2)					
_(3)					
(4)					
(5)				_	
(6)					
(7)					
(8)				7	
(9)					
(10)				7	
(11)				$\dashv$	
	n (b) must equal Form 990, Part X, col. (B) line 25)	<b></b>	<del></del>	$\dashv$	
	C 740) Footnote In Part XIV, provide the text of the fo		nonization's force	I determine the tree of the	
			yanızanon s nnancıa	statements that reports the	
organization's	liability for uncertain tax positions under FIN 48 (ASC	<u>/</u> 4U)			

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 XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2011 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

OMB No 1545-0047

Inspection

Name of the organization

W & S SOCIAL CLUB, INC.

Employer identification number 63-0896851

Form 990, Part III, Line 4d - All Other Accomplishment 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** 

Name(s) shown on return

**Depreciation and Amortization** 

(Including Information on Listed Property)

179

Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No Identifying number

	W&SS	OCIAL CLUE	B, INC.			63-	<u>-089</u>	6851
	ess or activity to which this form relates							
	ndirect Depreciati		arte Unday Castin	- 470	<del></del>			<del></del>
7	art I Election To Expen Note: If you have a	•	•		omplete Port	ı		
1			, complete rait v t	belole you co	ompiete Fait	·	1	500,000
2	Maximum amount (see instructions)  Total cost of section 179 property placed in service (see instructions)						2	300,000
3		placed in service (see instructions)  erty before reduction in limitation (see instructions)					3	2,000,000
4	Reduction in limitation Subtract line	,					4	2,000,000
5	Dollar limitation for tax year Subtract line		•	no separately se	e instructions		5	
6	(a) Description			ost (business use onl		Elected cost		<del></del>
7	Listed property Enter the amount fr	om line 29			7		$\overline{}$	
8	Total elected cost of section 179 pro	operty Add amounts	in column (c), lines 6 an	d 7			8	
9	Tentative deduction Enter the smaller of line 5 or line 8						9	
10	Carryover of disallowed deduction f	rom line 13 of your 2	010 Form 4562				10	
11	Business income limitation Enter th	ne smaller of busines	s income (not less than a	ero) or line 5 (s	ee instructions)		11	
12	Section 179 expense deduction Ad	ld lines 9 and 10, but	do not enter more than !	ine 11			12	
13	Carryover of disallowed deduction t	o 2012 Add lines 9 a	ind 10, less line 12		13			1
Note	: Do not use Part II or Part III below t	or listed property Ins	stead, use Part V					
Pa	art II Special Depreciati	<u>on Allowance a</u>	nd Other Deprecia	tion (Do no	t ınclude liste	d prope	rty ) (S	See instructions)
14	Special depreciation allowance for e	qualified property (oth	ner than listed property) p	laced in service	e			
	during the tax year (see instructions	s)					14	
15	Property subject to section 168(f)(1) election					15		
16_	Other depreciation (including ACRS				-		16	_
Pa	art III MACRS Depreciati	on (Do not inclu		(See instruc	tions.)			
			Section A				<del>, ,</del>	
17	MACRS deductions for assets place	-					17	223
18	If you are electing to group any assets placed in						<u> </u>	
	Section B—A	(b) Month and year	rvice During 2011 Tax		General Depre	ciation Sy	/stem	
	(a) Classification of property	placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property		ļ. <del></del>					
С	7-year property							
<u>d</u>	10-year property							
<u>e</u>	15-year property	{	ļ					
f_								
	25-year property			25 yrs		S/L		<u> </u>
n	Residential rental property	_		27 5 yrs	MM	S/L		<del></del>
	<del></del>			27 5 yrs	MM	S/L		<del></del>
i	Nonresidential real property	<u> </u>		39 yrs	MM	S/L		
-	· · · · · · · · · · · · · · · · · · ·	sets Placed in Sen	rice During 2011 Tax Y	ear Using the	Alternative Deni	S/L		•
202	Class life		l l	l company	The made bep	1		<u></u>
	12-year			12 yrs		S/L S/L		<del></del>
	40-year	<u> </u>		40 yrs	MM	S/L		
	art IV Summary (See inst	ructions.)		נון טד	1 141141	, 3/1	<u>-                                    </u>	<del></del>
21	Listed property Enter amount from				<del>-</del>		21	
22	Total. Add amounts from line 12, lin		nes 19 and 20 in column	(a), and line 21	Enter here		<del>-</del> -	
	and on the appropriate lines of your	return Partnerships	and S corporations—see				22	223
23	For assets shown above and place	<del>-</del>	e current year, enter the					
	portion of the basis attributable to s	ection 263A costs			23			