

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form 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)

JUL 01 , 2011, and ending

JUN 30,2012

2011

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

B Che	ck if	e :	C Name of organization DEr	D Employer identification numbe						
		change	OPELIKA EXCHANGE CLUB							
Na	ne cha	ange	63	63-6049702						
Int	al retu	ım	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te	E Telephone number						
Ter	minate	ed	PO BOX 186	334-749-1654						
H	ended	return	F Group Exemption							
H &	licatio iding	ท	OPELIKA AL 36803-0816	Number ▶1097						
		ting Met	thod X Cash Accrual Other (specify) ▶ H Ch	Check▶ If the organization is not						
I We		•	<u> </u>	quired to	attach Schedule B					
J Tax	J Tax-exempt status(check only one) - 501(c)(3) X 501(c)(4) ◀ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)									
K Che	eck	>	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are nor	maliy not	more than \$50,000					
ΑF	orm !	990-EZ	or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	ons) But	if the organization chooses					
to f	le a	return, b	pe sure to file a complete return							
L Add	lline	s 5b, 6c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if							
total a	sset	s (Part I	I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	13,954.					
Pai	tΙ	Reve	enue, Expenses, and Changes in Net Assets or Fund Balances (See the ins	structions	<u> </u>					
		Check	r if the organization used Schedule O to respond to any question in this Part I		X					
	1	Contri	butions, gifts, grants, and similar amounts received	1						
	2	Progra	am service revenue including government fees and contracts	2						
	3	Memb	pership dues and assessments	3	3,915.					
	4	Invest	ment income	4						
	5	a Gross	amount from sale of assets other than inventory 5a							
		b Less	cost or other basis and sales expenses 5b	لنسا						
		c Gain d	or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c						
Revenue	6	Gamır	ng and fundraising events	[2]						
Ş.		a Gross	income from gaming (attach Schedule G if greater than \$15,000) 6a	(S)						
8		b Gross	income from fundraising events (not including \$ of contributions	日本						
		from f	undraising events reported on line 1) (attach Schedule G if the sum	82.4						
		of suc	th gross income and contributions exceed \$15,000) 6b 10,039.	湾						
			direct expenses from gaming and fundraising events 6c 7,364.	EÉL						
		d Net in	come or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,675.					
	7	a Gross	sales of inventory, less returns and allowances . 7a	1780						
	1		cost of goods sold	الــــــــا						
			profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
	8		revenue (describe in Schedule O)	8	·					
	9	Total	revenue. Add Imes 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	6,590.					
	10	Grant	s and similariamounts paid (list in Schedule O)	10	1,144.					
	11	Benef	its faid to or members \	11	3,016.					
se.	12		es, other compensation, and employee benefits	12	150					
Expenses	13		ssional fees and other payments to independent contractors	13	150.					
Ä	14	//Seegl	pancy yent, utilities, and maintenance	14	2,076.					
_	15		g, publications postage, and shipping	15	138.					
	16	"	expenses (describe in Schedule O)	16	1,401.					
	17		expenses: Add lines 10 through 16 .	17	7,925.					
र	18		or (deficit) for the year (Subtract line 17 from line 9)	18	(1,335.)					
SSe	19		ssets or fund balances at beginning of year (from line 27, column (A)) (must agree with		10 170					
Net Assets			f-year figure reported on prior year's return)	19	<u>18,178.</u> (79.)					
ž	20		changes in net assets or fund balances (explain in Schedule O)	20						
	21		ssets or fund balances at end of year Combine lines 18 through 20	21	16,764. Form 990-EZ (2011)					
FOF F	ape	rwork R	teduction Act Notice, see the separate instructions.							

For Paperwork Reduction Act Notice, see the separate instructions.

Check if the organization used Schedule O to respond to any question in this Part II A) Beginning of year (B) End of year 15, 256, 22 13, 921, 34 34 Other assets (describe in Schedule O) 35 Total assets (Social sessets 15 Total assets (Total assets (Total assets) (Total program services (describe in Schedule O) (Total program services) (Total program service) (To	Check if the arganization used Schedule O to re-	•	this Part II				П
22 Cash, savings, and missiments	Check it the organization used Schedule O to le	spond to any question in) Beginning of vi	ear	(P) End of year
32 Land and buildings 2, 922, 13 2, 843.	22 Cach savings and investments		''			, , ,	
18 178 15 16 764	~		 			├	
18 , 178 15 16 , 764	•	•	· · -	2,342		╁	2,043
Record Italia I	•		 	10 170		-	16 761
18 17 18 18 18 18 19 16 16 18 19 18 18		•	<u> </u>	10,1/0		<u> </u>	10,704
Check if the organization used Schedule O to respond to service a way question in this Part III. Check if the organization's primary exempt purposes? COMMUNITY SERVICE Expenses Expens	•		·	10 177			16 764
Check if the organization used Schedule O to respond to any question in this Part III. What is the organizations primary exempl purposes COMMUNITY SERVICE Percente the organizations program services occomplishments for each of its three largest program services, as researched by expenses. In a clear and concise manner, describe the services provided, the number of persons senselled, and other relevant information for each program title. BYROMOTE PROGRAMS TO RAISE FUNDS FOR OPELIKA HIGH BAND Grants \$ 956.) If this amount includes foreign grants, check here P 28a 956. MISCELLANEOUS PROGRAMS TO BENEFIT THE OPELIKA COMMUNITY (Grants \$ 188.) If this amount includes foreign grants, check here P 30a (Grants \$) If this amount includes foreign grants, check here P 30a (Grants \$) If this amount includes foreign grants, check here P 31a 22 1, 144. PERTIVE List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV. Check if the organization used Schedule O to respond to any question in the Part IV. Check if the organization used Schedule O to respond to any question in the Part IV. A ALL VOLUNTEER D 30a 30a Expenses Recurrence secures (see the instructions for Part IV.) Expenses Recurrence secures (see the instructions for Part IV.) PROMOTE PROGRAMS TO BENEFIT THE OPELIKA COMMUNITY 25a 188. 956. 188. 956. 188. 957. 188. 958. 188. 958. 188. 958. 188. 959. 188. 959. 188. 950. 95	<u></u>	<u> </u>			5 . 27	<u> </u>	16,/64
Mail st the organization's primary exempt purpose? COMMUNITY SERVICE bescribe the organization's program service accomplishments for each of its three largest program services, as exempted, and other relevant informs for each program title. BY PROMOTE PROGRAMS TO RAISE FUNDS FOR OPELIKA HIGH BAND (Grants \$ 956.) If this amount includes foreign grants, check here		-			٦		
Describe the organization's program service accomplishments for each of its three largest program services, as encessed and donotes mental encessed by expressions. Additionally the services provided, the number of persons encessed and concise manner, describe the services provided, the number of persons encessed and concise manner, describe the services provided, the number of persons encessed and concise manner, described the services provided, the number of persons encessed and concise manner, described the services provided, the number of persons encessed and concise manner. (Grants \$ 956.) If this amount includes foreign grants, check here 29a 956. (Grants \$ 188.) If this amount includes foreign grants, check here 29a 188. (Grants \$) If this amount includes foreign grants, check here 30a				1	Ц.		•
reasured by againstes. In a clear and concides manner, describe the services provided, the number of persons controlled, and other relevant information for each program title. BY PROMOTE PROGRAMS TO RAISE FUNDS FOR OPELIKA HIGH BAND Grants \$ 956.) If this amount includes foreign grants, check here BY MISCELLIANEOUS PROGRAMS TO BENEFIT THE OPELIKA COMMUNITY Grants \$ 188.) If this amount includes foreign grants, check here Crants \$ (described to this amount includes foreign grants, check here Crants \$ (described to this amount includes foreign grants, check here Crants \$ (described to this amount includes foreign grants, check here Crants \$ (desc	What is the organization's primary exempt purpose? COMM	UNITY SERVIC	CE				
cotocal for other) spendified, and other relevant information for each program title. See PROMOTE PROGRAMS TO RAISE FUNDS FOR OPELIKA HIGH BAND Grants \$ 956.) If this amount includes foreign grants, check here MISCELLIANEOUS PROGRAMS TO BENEFIT THE OPELIKA COMMUNITY Grants \$ 188.) If this amount includes foreign grants, check here 188.	Describe the organization's program service accomplishment	ts for each of its three la	rgest program	services, as			··· •
Grants \$ 956.) If this amount includes foreign grants, check here > 28a 956.	penefited, and other relevant information for each program to	tle.					
Separation Sep	28 PROMOTE PROGRAMS TO RAISE FU	NDS FOR OPEL	IKA HIC	H BAND			
Separation Sep					_		
Separation Sep			<u>-</u>		-		
Separation Sep	(Grants \$ 956 a) If this amount include	les foreign grants, check	here	•	T 28	}a	956.
(Grants \$ 188 .) If this amount includes foreign grants, check here 29a 188 . (Grants \$) If this amount includes foreign grants, check here 30a 31a 31				CTT NUMMOS			
(Grants \$) if this amount includes foreign grants, check here		01			-		
(Grants \$) if this amount includes foreign grants, check here		 	· 		-		
(Grants \$) if this amount includes foreign grants, check here	(County # 199) If this amount include	las faraiga granta abadi	horo		T 20	,	1 2 2
(Grants \$) If this amount includes foreign grants, check here		les foreign grants, check	nere		1 28		100.
10 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 2 Total program service expenses (add lines 28a through 31a) 2 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and address (b) Vareage (b) Vareage (c) Reportable (c) Reportable (c) Reportable (c) Reportable (c) (c) Reportable (c) (c) Reportable (c) (c) Vareage (c) Var					-		
10 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 2 Total program service expenses (add lines 28a through 31a) 2 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and address (b) Vareage (b) Vareage (c) Reportable (c) Reportable (c) Reportable (c) Reportable (c) (c) Reportable (c) (c) Reportable (c) (c) Vareage (c) Var					-		
10 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 2 Total program service expenses (add lines 28a through 31a) 2 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and address (b) Vareage (b) Vareage (c) Reportable (c) Reportable (c) Reportable (c) Reportable (c) (c) Reportable (c) (c) Reportable (c) (c) Vareage (c) Var				····	-		
(Grants \$) If this amount includes foreign grants, check here	<u> </u>	les foreign grants, check	here .	•	30)a	
Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and address (b) Average hours per week devoted to position (b) Average (for w.2) (393-MISC) (if not paid, enter-3) a deferred comp (a) VOLUNTEER (b) Average (for w.2) (393-MISC) (if not paid, enter-3) a deferred comp (c) Reportable (for w.2) (393-MISC) (if not paid, enter-3) a deferred comp (d) Contributions to employee benefit plans and other compensation (e) Estimated employee benefit plans of other compensation	Other program services (describe in Schedule O)		•	_	٦		
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and address (b) Average hours per week devoted to position (b) Estimated amount of other compensation (c) Compensation (ref. W.C.) (d) Contributions to employee benefit plans & deferred comp (d) Contributions to employee benefit plans & deferred comp (e) Estimated other compensation (o) In the paid, emitted by the compensation of the compensatio	(Grants \$) If this amount include	les foreign grants, check	here	•			
Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and address (b) Average hours per week devoted to position (b) Average hours per week devoted to position (c) Reportable reproductive season of the composition of			• •	<u>)</u>			
(a) Name and address (b) Average hours per week devoted to position (c) Reportable employee bonefit plans emount of other compansation (d) Contributions to employee bonefit plans emount of other compansation (d) Contributions to employee bonefit plans emount of other compansation (d) Contributions to employee bonefit plans emount of other compansation (d) Contributions to employee bonefit plans emount of other compansation (e) Estmated (if not paid, enter-0-)	Part IV List of Officers, Directors, Trustees, and Key	Employees. List each	one even if no	ot compensated	(see th	ne inst	ructions for Part IV)
(a) Name and address hours per week devoted to position NA ALL VOLUNTEER O O Address banding plans & deferred comp O Address banding plans & deferred comp O O O O O O O O O O O O O	Check if the organization used Schedule O to re-	 	I . December				
NA ALL VOLUNTEER O O One of the compensation of the compensati	(a) Name and address	hours per week	(C) compensar	tion -MISC) employed			
		devoted to position	(If not paid, en	ter-0-) & def	erred con	np	other compensation
	NA ALL VOLUNIEER	ļ					
20A Som 990.F7 (2011)		<u> </u>					
20A Som QQ0.E7 (2011)							
204 Eom 990.F7 (2011)							
2CA Som 990-F7 (2011)							
Form 990-F7 (2011)							
Form 990-F7 (2011					-		
Form 990-F7 (2011							
Form 990.F7 (2011							
Form 990.F7 (2011		1					
Form 990-F7 (2011)			_		•		· · · · · · · · · · · · · · · · · · ·
Form 990-F7 (2011		1					
Form 990-F7 (2011			 -				
2CA 5 5 m 990-F7 (2011		-					
2CA 5 5 7 990-F7 (2011			 				
2CA 5om 990-F7 (2011		4					
2CA 5om 990-F7 (2011			ļ				
2CA 5om 990-F7 (2011							
Form 990-F7 (2011)							
2CA 5om 990-F7 (2011				[
2CA 5orm 990-F7 (2011							<u> </u>
2CA Form 990-F7 (2011							
2CA Form 990-F7 (2011		1					
2CA Form 990.F7 (2011)							<u> </u>
SCA 50rm 990-F7 (2011)		1					
	200		<u> </u>			Fa	rm 990-F7 (2011)

Form	990-EZ (2011) OPELIKA EXCHANGE CLUB		63	3-60497	02	Pa	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement	nt requi	rements	in the instruc	tions f		
	Part V.) Check if the organization used Schedule O to respond to any question in this P	art V					П
						Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a	detaile	ed descri	ption of each			
	activity in Schedule O				33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach	a confo	nmed co	nv of the			
••	amended documents if they reflect a change to the organization's name. Otherwise, explain the			• •			
	(see instructions)	Glang	5 011 0G1	iedule O	24		х
25-					34		
35 a		om bus	siness				₹.
	activities (such as those reported on lines 2, 6a, and 7a, among others)?				35a		X
b	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an ex				35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section	6033(e	e) notice,				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III				35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of r	net asse	ets during	g the year?			
	If "Yes," complete applicable parts of Schedule N				36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		0	aktai		 -
b	Did the organization file Form 1120-POL for this year?	••••			37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key em	ployee	or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by t				38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38ь				447.1	
39	Section 501(c)(7) organizations. Enter.	251			体组		1.003
а	Initiation fees and capital contributions included on line 9	39a					
_	Gross receipts, included on line 9, for public use of club facilities	39b					133.4
b		1				33	٧,٠
40 a			;1				ام شاه ا
_	section 4911▶, section 4912 ▶, section 4955			 			,
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958				LANC A		أشست
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not be	en repo	rted on a	any of its	l		7,
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				40b	to the state of th	X
С							** ; "
	managers or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by				30.9		· .
	the organization .				18.4		ž
е	All organizations. At any time during the tax year, was the organization a party to a prohibited ta	x shelt	er transa	iction?	لنتثأ		<u> </u>
	If "Yes," complete Form 8886-T				40e		X
41	List the states with which a copy of this return is filed						
42a	The organizations books are in care of CLARENCE COOK To	elephor	ne no. ▶	334	-74	5-5	55
	Located at ▶ 601 FIRST AVE AL OPELIKA	ZIP	+4 ▶	368	301		
b	At any time during the calendar year, did the organization have an interest in or a signature or o	ther au	thority				
	over a financial account in a foreign country (such as a bank account, securities account, or oth					Yes	No
	account)?				42b		Х
	If "Yes," enter the name of the foreign country.▶					24.5	ا پېرون د پېرون
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	oreian	Bank		3.3		10 TE
	and Financial Accounts.					1	* 5.
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.	?			42c	أستثكنجتجو	X
C	If "Yes," enter the name of the foreign country.	•					
40		k here					. 1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Chec	K HEIE	▶ 43	1	•	'	- ا
	and enter the amount of tax-exempt interest received or accrued during the tax year	•	43	<u> </u>		Vaa	NI.
					, + F I	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 mus	t be co	mpleted	instead of	لتكني		
	Form 990-EZ	•	•	••	44a	- 6 600mg	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990	must be	e comple	ted instead		ويسدح	_ـــ
	of Form 990-EZ		•		44b		X
С	Did the organization receive any payments for indoor tanning services during the year?				44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," pro	vide ar	1		Lil	المصعفية	
	explanation in Schedule O			•	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				45a		Х
45b	Did the organization receive any payment from or engage in any transaction with a controlled en	ntity wit	hin the			,	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed					" "	
	Form 990-EZ (see instructions)				45b		X
BCA				Form		EZ (2	
	V3330LE3					(*	• • ,

Page 4

Yes No

•									
•	d the organization engage, directly or ind indicates for public office? If "Yes," comp		ign activities on behalf of	for in opposition to	. 46				
Part \	Section 501(c)(3) organiza	tions and section 4	1947(a)(1) nonexen	npt charitable trus	ts only.				
	All section 501(c)(3) organizations	and section 4947(a)(1) n	onexempt charitable trus	ts must answer question	ns 47–49b				
	and 52, and complete the tables fo				П				
	Check if the organization used Sch	edule O to respond to an	y question in this Part VI	· · · · · · · · · · · · · · · · · · ·	Yes No				
	d the organization engage in lobbying actar? If "Yes," complete Schedule C, Part I			during the tax	47				
_									
49a Did the organization make any transfers to an exempt non-charitable related organization?									
	"Yes," was the related organization a sec omplete this table for the organization's fi	-			49b s and key employees) who				
	ich received more than \$100,000 of comp	-							
(a)	Name and title of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation				
51 Con	al number of other employees paid over \$ supplete this table for the organization's five pensation from the organization. If there me and address of each independent con	highest compensated in is none, enter "None "	· ·	e of service	than \$100,000 of (c) Compensation				
(a) Na	me and address of each independent con	miracioi paid more trair \$	(6) 136	e or service	——————————————————————————————————————				
									
									
		· · · · · · · · · · · · · · · · · · ·		ļ					
	I number of other independent contracto	•							
	the organization complete Schedule A? N) organizations and 4947	(a)(1) nonexempt	▶ ∏ Yes ဩ No				
	ritable trusts must attach a completed Sci alties of perjury, I declare that I have examined this ret	·	edules and statements, and to the	e best of my knowledge and bel	····				
	d complete Declaration of preparer (other than officer								
Sign	· Claraise	Cook		18-7-	2012				
Неге	Signature of officer			Date					
	Type or print name and title Print/Type preparer's name	iP eparer's sign	ature Da	te Check	ıf PTIN				
Paid	KAREN FLOURNOY	Kilm		/01/2012 self-emplo	pyed P00100594				
Prepare Use On	V 21000 CAMPW	AY DR	-		▶63-1105258 334-749-1753				
	rims P2100C GAIDW	36801-		Phone no	334-143-1133				
May the	IRS discuss this return with the preparer	· · · · · · · · · · · · · · · · · · ·	uctions		▶ X Yes No				
BCA		U\$990E	Z4		Form 990-EZ (2011)				

⊣
ĸ
\circ
щ
띮
24
Ы
П
ď
_
딥
Ω
. .
딥
S
ດ
ď
•
11
ᅼ
20
N

Date Sold									
Sales Price									
Gain/ Price									
Prior Current AMT AMT		269	721	1	066		79	 	1069
Prior AMT		537	1443	 	1980		158		2138
Next							40	1	40
Current Depr.							79	!	79
Prior Depr.		1411	4873	1 1 1	6284		553		6837
Rec. Per. Cv		10.0 HY	.0 HY				10.0 HY		
		10	10				10		
Meth	-	SI.	SL				792 SL		_
Basis Method		4030 SL	10825 SL	1 1	14855		792	1	15647
Bus. 179+ Use Spec.	-								
Bus. Use		100	100				792 100		
Cost	ATION /A s: N/A 1998	4030 100	10825 100		14855	2002	792		15647
Date Acqd Cost	RGANIZ, rty: N n Clas: Year:	86/90	12/98			Year:	10/02		
Description	Form: CIVIC ORGANIZATION Rental Property: N/A Depreciation Class: N/A In Service Year: 1998	CONCESSION S 06/98	CONCESSION S 12/98			In Service Year:	CHAIRS & TAB 10/02		Form Totals:

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. > Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No 179

14 15

17

Business or activity to which this form relates Name(s) shown on return Identifying number OPELIKA EXCHANGE CLUB 63-6049702 CIVIC ORGANIZATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 ▶ 13 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service

Section A	6
-----------	---

- 17 MACRS deductions for assets placed in service in tax years beginning before 2011 ...
- 18 If you are electing to group any assets placed in service during the tax year

during the tax year (see instructions)

15 Property subject to section 168(f)(1) election

B	nto one or more general asset	accounts, check h	nere .			<u>▶ </u>	
	Section B-A	ssets Placed in S	ervice During 2011 Ta	x Year Using the	General Dep	reciation Sys	tem
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						· · · · · · · · · · · · · · · · · · ·
f	20-year property	_646		<u> </u>			
g	25-year property			25 yrs.		S/L	
h	Residential rental			27 5 yrs	MM	S/L	
	property			27 5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property				MM	S/L	
	Section C-Ass	sets Placed in Se	rvice During 2011 Tax	Year Using the	Alternative De	preciation Sy	stem
20a	Class life					S/L	
b	12-year	TO SERVICE STATES		12 yrs		S/L	
С	40-year			40 yrs	MM	S/L	
Pai	rt IV Summary (See inst	ructions)					
21	Listed property. Enter amou	nt from line 28 .				. 21	

79.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

For assets shown above and placed in service during the current year, enter the

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions