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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2009**

**Open to Public  
Inspection**

**A For the 2009 calendar year, or tax year beginning**

July 1

, 2009, and ending

June 30

, 2010

**B Check if applicable**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**Please use IRS label or print or type.**  
See Specific Instructions.

**C Name of organization**  
**The Exchange Club of Wythe**  
Number and street (or P O. box, if mail is not delivered to street address) **P. O. Box 8127** Room/suite  
City or town, state or country, and ZIP + 4 **Hampton, VA 23666-8127**

**D Employer identification number**  
**54-0898902**  
**E Telephone number**  
**757-727-2471**  
**F Group Exemption Number** ► **1097**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting Method:**  Cash  Accrual  
Other (specify) ►

**I Website:** ► [www.wytheexchange.com](http://www.wytheexchange.com)

**J Tax-exempt status (check only one)** —  501(c) ( 4 ) ► (insert no.)  4947(a)(1) or  527

**K Check** ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ► **\$ 84073**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 2428
	2 Program service revenue including government fees and contracts . . . . .	2 0
	3 Membership dues and assessments . . . . .	3 20079
	4 Investment income . . . . .	4 91
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ 2428 of contributions reported on line 1) . . . . .	6a 61475
	b Less: direct expenses other than fundraising expenses . . . . .	6b 31493
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c 29982
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0
	8 Other revenue (describe ► )	8 0
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 52580
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule) . . . . .	10 38166
	11 Benefits paid to or for members . . . . .	11 0
	12 Salaries, other compensation, and employee benefits . . . . .	12 0
	13 Professional fees and other payments to independent contractors . . . . .	13 0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 0
	15 Printing, publications, postage, and shipping . . . . .	15 2433
	16 Other expenses (describe ► See Attached Schedule )	16 22305
	<b>17 Total expenses.</b> Add lines 10 through 16 ►	17 62904
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 (10324)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 79530
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20 0
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ►	21 69206

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	79530	22 69206
23 Land and buildings . . . . .	0	23 0
24 Other assets (describe ► )	0	24 0
<b>25 Total assets</b> . . . . .	79530	25 69206
<b>26 Total liabilities (describe ► )</b>	0	26 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	79530	27 69206

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

Cat No. 106421

Form **990-EZ** (2009)

SCANNED DEC 02 2010

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

### What is the organization's primary exempt purpose? Local Community Service

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
5047(a)(1) trusts; optional  
for others.)

28	Services to Youth: Scholarships, Academic Awards, Citizenship Promotions, Youth Athletic Support, Post Prom Activities, Americanism Programs Support		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	18811
29	Service to Community: Volunteer Awards, Food Baskets, Crime and Fire Prevention Programs, Senior Citizen Activities, Welfare, Handicap Ramps, Insurance Costs and Special Projects		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	13247
30	Americanism: Public and Club Literature, Distributing and Displaying American Flags, Awards for Citizens Who Properly Display Their Flags, Healing Field American Flag Field		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	6108
31	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	38166

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

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37a	
b Did the organization file Form 1120-POL for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization 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 the organization . . . . . ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► Alma Dietz	Telephone no. ► 757-727-2471	
Located at ► 3605 Spottswood Place, Hampton, VA 23661	ZIP + 4 ► 3536	
b 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 (such as a bank account, securities account, or other financial account)? . . . . .	42b	✓
If "Yes," enter the name of the foreign country: ► _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	✓
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	✓

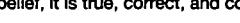
**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

d Total number of other independent contractors each receiving over \$100,000 ►

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Alma Dietz	11-7-10	Date	
	Signature of officer			
	<b>Alma Dietz, Treasure of The Exchange Club of Wythe</b>			
	Type or print name and title			
<b>Paid Preparer's Use Only:</b>	Preparer's signature 	Date	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions) 
	Firm's name (or name of self-employed) 		EIN 	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No  
Form 990-EZ (2009)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

**Open To Public  
Inspection**

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**Name of the organization**

## Exchange Club of Wythe

**Employer identification number**

54 |

0898902

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>Xmas Tree Sales</u> (event type)	(b) Event #2 <u>Pancake B'fast</u> (event type)	(c) Other events <u>1 (Outback)</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	45064	14064	3550
	2 Less: Charitable contributions . . . . .	818	385	0
	3 Gross income (line 1 minus line 2) . . . . .	44246	13679	3550
Direct Expenses	4 Cash prizes . . . . .	0	0	0
	5 Noncash prizes . . . . .	0	0	0
	6 Rent/facility costs . . . . .	0	0	0
	7 Food and beverages . . . . .			
	8 Entertainment . . . . .	0	0	0
	9 Other direct expenses . . . . .	28849	2644	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► ( 31493 )
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .			► 29982

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			
Direct Expenses	2 Cash prizes . . . . .			
	3 Noncash prizes . . . . .			
	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			► ( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			►

9	Enter the state(s) in which the organization operates gaming activities: . . . . .	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," explain: _____ _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain: _____ _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

	Yes	No	
13 Indicate the percentage of gaming activity operated in:	13a	%	
a The organization's facility . . . . .	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Name ► ..... Address ► .....		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....			
c If "Yes," enter name and address of the third party:	Name ► ..... Address ► .....		
16 Gaming manager information:	Name ► ..... Gaming manager compensation ► \$ ..... Description of services provided ► ..... <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions:	17a		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			

The Exchange Club of Wythe, Inc. 7/1/2009 – 6/30/20010

54-0898902

Form 990-EZ, Line 10 (Grants and similar amounts paid):

NO ORGANIZATION OR INDIVIDUAL RECEIVED AN AMOUNT IN EXCESS OF \$5,000 DURING THE TAX YEAR. This schedule is being provided for information, no affiliates received payment (see 1040EZ Instructions for line 10.C. Attach Schedules).

Service to Youth	AIF/ACE Award	\$ 814
Service to Youth	Scholarship Awards	\$14,011
Service to Youth	Youth of the Month/Year Awards	\$ 1,386
Service to Youth	Post Prom Support Activities	\$ 2,000
Service to Youth	Youth Athletics Support	\$ 600
Americanism	Flag Distribution, Recognition Award & Freedom Shrine (Erect of Wall of Historical Documents) Healing Field Start-up	\$ 6,108
Service to Community	Special Projects	\$ 2,953
Service to Community	Book of Golden Deeds	\$ 192
Service to Community	Welfare	\$ 2,669
Service to Community	Crime Prevention	\$ 2,779
Service to Community	Fire Prevention	\$ 939
Service to Community	Miscellaneous (Public and Member Education, Activities Insurance, Handicap Ramp Construction, Senior Citizen Activities, Etc.)	\$ 3,715
Total		\$ 38,166

The Exchange Club of Wythe, Inc. 7/1/2009 – 6/30/2010

54-0898902

Form 990-EZ, Line 16 (Other Expenses) continuation:

1. Conferences, Conventions, and Meetings	\$15,742
2. National and District Dues	\$5,147
3. P.O. Box Fee	\$116
4. Surety Bond Fees	\$108
5. Miscellaneous Costs	\$1,192
<b>Total</b>	<b>\$22,305</b>