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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
Inspection

► 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

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization Exchange Club of Tuscaloosa, Inc.	D Employer identification number 63-6050545
	Number and street (or P O box, if mail is not delivered to street address) P O Box 1279	E Telephone number 205-758-4532
	City or town, state or country, and ZIP + 4 Tuscaloosa AL 35403	F Group Exemption Number ►

• 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: ► **N/A**J Tax-exempt status (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ **73,920****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	Revenue	See Statement 1	1	
1	Contributions, gifts, grants, and similar amounts received		2	
2	Program service revenue including government fees and contracts		3	50,455
3	Membership dues and assessments		4	4
4	Investment income		5a	
5a	Gross amount from sale of assets other than inventory		5b	
b	Less: cost or other basis and sales expenses		6a	23,461
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		6b	9,976
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		6c	13,485
a	Gross revenue (not including \$ 0 2010) of contributions		7c	
b	Less: direct expenses other than fundraising expenses		8	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		9	63,944
7a	Gross sales of inventory, less returns and allowances		10	18,290
b	Less cost of goods sold		11	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		12	
8	Other revenue (describe ►)		13	1,400
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 63,944		14	
10	Grants and similar amounts paid (attach schedule)		15	1,780
11	Benefits paid to or for members		16	55,660
12	Salaries, other compensation, and employee benefits		17	77,130
13	Professional fees and other payments to independent contractors		18	-13,186
14	Occupancy, rent, utilities, and maintenance		19	22,132
15	Printing, publications, postage, and shipping		20	
16	Other expenses (describe ► See Statement 3)		21	8,946
17	Total expenses. Add lines 10 through 16 ► 8,946			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			
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)			
20	Other changes in net assets or fund balances (attach explanation)			
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ► 8,946			

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	22,132	22 8,946
23	Land and buildings		23
24	Other assets (describe ►)		24
25	Total assets	22,132	25 8,946
26	Total liabilities (describe ►)		0 26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,132	27 8,946

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

Form 990-EZ (2009)

Form 990-EZ (2009) Exchange Club of

63-6050545

Page 2

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

What is the organization's primary exempt purpose?

Support Local Charities

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, or other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28 Exchange Club Foundation - Established for the purpose of supporting charities on a local and national basis.

(Grants \$ **18,290**) If this amount includes foreign grants, check here

► 28a 18,290

29

(Grants \$) If this amount includes foreign grants, check here

▶ 29a

30

(Grants \$) If this amount includes foreign grants, check here

▶ 30a

31 Other program services (attach schedule)

If this amount includes foreign grants, check here

31a

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

► 32 18,290

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robert Cotton P. O. Box 1279	Tuscaloosa AL 35403	President	0	0
David Reynolds P.O. Box 1279	Tuscaloosa AL 35403	Pres. Elect	0	0
Andy Tucker P. O. Box 1279	Tuscaloosa AL 35403	Secretary	0	0
David Jones P. O. Box 1279	Tuscaloosa AL 35403	Treasurer	0	0
Candice Burge P. O. Box 1279	Tuscaloosa AL 35403	Past-Pres.	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes No
33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes No
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 Yes No

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? Yes No
35a

b If "Yes," has it filed a tax return on Form 990-T for this year? Yes No
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 Yes No
36

37a Enter amount of political expenditures, direct or indirect, as described in the instr. ► 37a Yes No
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? Yes No
38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b

39 Section 501(c)(7) organizations Enter Yes No
39a
39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► Yes No , section 4912 ► Yes No , section 4955 ► Yes No
40b

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 Yes No
40c

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 Yes No
40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
40e

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 Yes No

41 List the states with which a copy of this return is filed ► **None** Yes No

42a The organization's books are in care of ► **David Jones** Telephone no ► **205-758-4532**
P.O. Box 1279
Located at ► **Tuscaloosa, AL** ZIP + 4 ► **35403** Yes No

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)? If "Yes," enter the name of the foreign country ► Yes No
42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes No
42c

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► Yes No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No
44
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	46	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
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."	49b	

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	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		
	Signature of officer DAVID M. JONES	Date 10-29-10	
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Ray A. Lee	Date 09/22/10	Check if self-employed <input type="checkbox"/> P00822019
	Firm's name (or yours if self-employed), address, and ZIP + 4 P.O. Box 2412 Tuscaloosa, AL 35403	Preparer's Identifying Number (See instr) EIN ► 20-8111157 Phone no ► 205-345-5300	

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)

Supplemental Information Regarding Fundraising or Gaming Activities

**Department of the Treasury
Internal Revenue Service**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **Exchange Club of Tuscaloosa, Inc.**

Employer identification number
63-6050545

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

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.

Schedule G (Form 990 or 990-EZ) 2009

Exchange Club of

63-6050545

Page 2

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>Chili Cook-Off</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c)) <u>22,733</u>
Revenue	1 Gross receipts <u>22,733</u>			
	2 Less Charitable contributions			
	3 Gross revenue (line 1 minus line 2) <u>22,733</u>			
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses <u>9,976</u>			
	10 Direct expense summary Add lines 4 through 9 in column (d)			► <u>9,976</u>
	11 Net income summary Combine line 3, column (d), and line 10			► <u>12,757</u>

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" 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 None

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain.

Yes	No
9a	<input checked="" type="checkbox"/>

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

10a	<input checked="" type="checkbox"/>
-----	-------------------------------------

11 Does the organization operate gaming activities with nonmembers?

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?

11	<input checked="" type="checkbox"/>
12	<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► David Jones
P.O. Box 1279
Address ► Tuscaloosa

13a	%	Yes	No
13b	%		

AL 35403

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

and the

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions:

- 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a X

8892 Exchange Club of
63-6050545
FYE: 6/30/2010

9/22/2010 1:39 PM

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
Membership Dues/Renewals	\$ 50,455
Total	\$ 50,455

8892 Exchange Club of
63-6050545
FYE: 6/30/2010

Federal Statements

9/22/2010 1:39 PM

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
The Miracle League of Tuscaloosa P.O. Box 70776 Tuscaloosa, AL 35407	5/06/10				8,443			
Total						8,443		

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Convention & Travel	712
Natl & District Dues	9,080
Billing	2,211
Secretary	1,200
Awards & New Member Fees	1,652
Editor Unitor	900
Insurance	398
Meal Cost	37,778
Social & Special Occasion	1,645
Miscellaneous	84
Total	\$ 55,660