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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)

OMB No 1545-1150

2009Open 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 JUL 1, 2009 **and ending** JUN 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 organizationNATIONAL EXCHANGE CLUB
1697 CLUB OF COLUMBUS, MISSISSIPPI

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 471

City or town, state or country, and ZIP + 4

COLUMBUS, MS 39703

D Employer identification number

64-6025128

E Telephone number

(662) 328-7616

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: ▶ 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** ▶ \$ 55,560.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

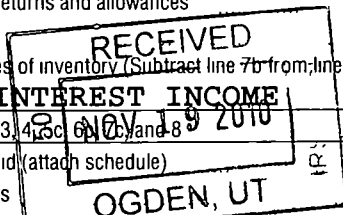
1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	30,255.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c		5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	25,275.
6b	Less: direct expenses other than fundraising expenses	6b	10,976.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,299.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ INTEREST INCOME)	8	30.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	44,584.
10	Grants and similar amounts paid (attach schedule)	10	19,026.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 1)	16	22,923.
17	Total expenses Add lines 10 through 16	17	41,949.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,635.
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	25,857.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	28,492.

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 22,977.	22 25,545.
23 Land and buildings	23	23
24 Other assets (describe ▶ ACCOUNTS RECEIVABLE)	24 2,880.	24 2,947.
25 Total assets	25 25,857.	25 28,492.
26 Total liabilities (describe ▶)	26 0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 25,857.	27 28,492.

SCANNED DEC 13 2010 Revenue Expenses



22

Expenses

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

28 SEE STATEMENT 5

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

28a

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)

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

31a

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

32

0.

Part IV	List of Officers, Directors, Trustees, and Key Employees.
----------------	--

SEE ATTACHED

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
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		X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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		X
41 List the states with which a copy of this return is filed. MS		
42a The organization's books are in care of SID PERKINS Telephone no. (662) 327-4704 Located at 14 SIR HENRY DR, COLUMBUS, MS ZIP + 4 39705		
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: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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: _____		X
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 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

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 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
N/A				

- 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
N/A		

- 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: *Kenneth Bryant* Date: *11/15/10*

Type or print name and title: _____

Paid Preparer's Use Only Preparer's signature: *Thomas Buckley, CPA* Date: *11/10/10* Check if self-employed: ☐ Preparer's identifying number (See instr.): _____

Firm's name (or yours if self-employed): *T. E. LOTT & COMPANY, CPA'S* EIN: _____

address, and ZIP + 4: *PO BOX 471 COLUMBUS, MS 39703-0471* Phone no.: *662-328-5387*

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2009)

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

Employer identification number
64-6025128

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

- 2 a** 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

[illegible]

NATIONAL EXCHANGE CLUB

Schedule G (Form 990 or 990-EZ) 2009 **1697 CLUB OF COLUMBUS, MISSISSIPPI** **64-6025128** 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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		CHEESE SALES (event type)	GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	1 Gross receipts	16,410.	5,300.		21,710.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	16,410.	5,300.		21,710.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,291.	1,888.		10,179.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(10,179)
	11 Net income summary. Combine line 3, column (d), and line 10				11,531.

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

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

b If "Yes," explain _____

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?

	Yes	No
9a		
10a		
11		
12		

NATIONAL EXCHANGE CLUB

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a %

b An outside 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 ▶ _____

☐ 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?

17a

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 ▶ \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
SUPPLIES	1,825.
MEALS	17,579.
ADVERTISING	788.
CHAMBER OF COMMERCE DUES	150.
MEETING PROGRAMS AND MISC. EXPENSES	2,581.
TOTAL TO FORM 990-EZ, LINE 16	22,923.

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	2
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATES ADDRESS</u>
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DISTRICT DUES

PURPOSE OF PAYMENT

AMOUNT

1,261.

AFFILIATE'S NAME

AFFILIATES ADDRESS

NATIONAL DUES

PURPOSE OF PAYMENT

AMOUNT

3,697.

AFFILIATE'S NAME

AFFILIATES ADDRESS

NEW MEMEBER DUES

PURPOSE OF PAYMENT

AMOUNT

45.

AFFILIATE'S NAME

AFFILIATES ADDRESS

NATIONAL CONVENTION FEES

PURPOSE OF PAYMENT

AMOUNT

100.

AFFILIATE'S NAME

AFFILIATES ADDRESS

DISTRCT CONVENTIONS

PURPOSE OF PAYMENT

AMOUNT

40.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

5,143.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
COLUMBUS, MS BOY SCOUTS	NONE	5,352.
COLUMBUS, MS 39701		
COLUMBUS, MS CHILD ABUSE PREVENTION	NONE	555.
COLUMBUS, MS 39701		
BOYS AND GIRLS CLUB	NONE	1,000.
COLUMBUS, MS 39701		
FATHER'S CHILD	NONE	1,000.
COLUMBUS, MS 39701		
FIRST BOOK	NONE	1,000.
COLUMBUS, MS 39701		
GIRL SCOUTS	NONE	1,000.
COLUMBUS, MS 39701		
HEARTS PROGRAM	NONE	1,000.
COLUMBUS, MS 39701		
COLUMBUS GIRLS CHOIR	NONE	240.
COLUMBUS, MS 39701		
CAMP RISING SUN	NONE	286.
COLUMBUS, MS 39701		

NATIONAL EXCHANGE CLUB 1697 CLUB OF COLU

64-6025128

SAFEHAVEN	NONE	1,000.
COLUMBUS, MS 39701		
SALLY KATE WINTERS	NONE	1,000.
COLUMBUS		
COLUMBUS, MS 39701		
YOUTH / MONTH OF THE YEAR	NONE	450.
COLUMBUS		
COLUMBUS, MS 39701		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>13,883.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 5

RECOGNITION OF EXEMPLORY SERVICE TO MANKIND, SERVICE TO YOUTH, THROUGH
SUPPORT OF SCOUTING, CHILD ABUSE PREVENTION, RECOGNITION OF OUTSTANDING
ACHIEVEMENTS, AND COLLEGE SCHOLARSHIPS.

FORM 990 EZ

LIST OF OFFICERS AND DIRECTORS

PAGE 2, PART IV

Name and Address	Title	Compensation	Contributions	Expenses
Justin Casono 278 Rogers Way Columbus, MS	President			
Keith Bryant 926 Steens Vernon Rd. Columbus, MS 39701	President - Elect	None	None	None
Ralph Null 641 1st Street Columbus, MS 39702	Vice President	None	None	None
Lyn Herron 700 Duncan Rd. Columbus, MS 39740	Treasurer	None	None	None
Joyce Caldwell 322 2nd Street Columbus, MS 39701	Secretary	None	None	None
Lyn Herron 700 Duncan Rd Columbus, MS 39740	Treasurer	None	None	None
Elton Thomas 1308 3rd Ave. N. Columbus, MS 39701	Past President	None	None	None
Barbara Bigelow 90 Thomgrove Cove Columbus, MS 39705	Board of Directors 1 Year Term	None	None	None
Kathy Howell 51 Boxwood Dr. Columbus, MS 39705	Board of Directors 1 Year Term	None	None	None
Chuck Caldwell 477 Dogwood Blvd. Columbus, MS 39705	Board of Directors 1 Year Term	None	None	None
Lee Burdine PO Box 703 Columbus, MS 39703	Board of Directors 1 Year Term	None	None	None
Patrick Singley 91 Gurlie Malone Rd. Columbus, MS 39740	Board of Directors 2 Year Term	None	None	None
Craig Summerford 193 Annandale Dr. Columbus, MS 39702	Board of Directors 2 Year Term	None	None	None