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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

NATIONAL EXCHANGE CLUB

1697 CLUB OF COLUMBUS MISSISSIPPI

As Filed Data -

DLN: 93492064001132

D Employer identification number

64-6025128

OMB No 1545-1150

2010

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

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)

Short Form

▶ 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 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

and ending 06-30-2011

Open to Public Inspection

Na	ame ch	nange	Number and street (or P O box, if mail is not delivered to street address) Ro	om/suite	E Telephone num	ber	
In	ıtıal ret	turn	PO BOX 471		(662) 3	28-7616	
	ermınat		City or town state or country and 7TD + 4		` ′		
_		d return	City or town, state or country, and ZIP + 4 COLUMBUS, MS 39703		F Group Exemption Number ► 1097		
Ap	plication	on pending					
GAC	count	ting method	Cash CAccrual Other (specify) ►				
		N/A	- Cash P //Coldan Callet (Specify) P	_ н	I Check ► 🔽 i	f the or	ganization is not
J Tax-	-Exem	pt status(check	only one)— 501(c)(3) 501(c)(4) ◄(Insert no) 4947(a)(1) or 52	I	required to att (Form 990, 99	ach Sch	nedule B
\$50	0,000) A Form 990	anization is not a section 509(a)(3) supporting organization and its -EZ or Form 990 return is not required though Form 990-N (e-pos to file a return, be sure to file a complete return	-	•	•	
L Add more,			line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if t d of Form 990-EZ	total assets	s (Part II, line 25, col ► \$	umn (B)	below) are \$500,000 or 52,927
	rt I		e, Expenses, and Changes in Net Assets or Fund Bal	lances		ions for	<u> </u>
			e organization used Schedule O to respond to any question in this				
	1	Contribution	s, gıfts, grants, and sımılar amounts received			1	
	2	Program serv	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	28,500
	4	Investmentı	ncome			4	
	5a	Gross amour	nt from sale of assets other than inventory	5a			
_	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from li	ne 5a)		5c	
<u>ģ</u>	6	·	fundraising events	•			
_	а	-	om gaming (attach Schedule G if greater than \$15,000)	6a			
	b		e from fundraising events (not including \$ 24,399 of contributions ine 1) (attach Schedule G if the sum of such gross income and cor	from fun			
	С	Less direct	expenses from gaming and fundraising events	6c	11,288		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	ract line 6c)	6d	13,111
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost of	fgoods sold	7b		1	
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	ue (describe in Schedule O)			8	28
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	41,639
	10	Grants and s	ımılar amounts paid (list in Schedule O)			10	19,951
	11	Benefits paid	I to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
8	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy,	14				
흦	15	Printing, pub	lications, postage, and shipping			15	
"	16	Other expens	ses (describe in Schedule O)			16	22,796
	17	•	ses. Add lines 10 through 16			17	42,747
	18	•	eficit) for the year (Subtract line 17 from line 9)			18	-1,108
Set.	19		or fund balances at beginning of year (from line 27, column (A)) (mi	ust adree	with	 	
etAssets			figure reported on prior year's return)			19	28,492
Ne.	20	•	es in net assets or fund balances (explain in Schedule O)			20	0
	21	-	or fund balances at end of year Combine lines 18 through 20 .			21	27,384

		~ .
Part II	Balance	Sneets

Check if the organization used	I Schedule O to respond to	any question in t	hıs Pa	rt II				<u> </u>
(See the instruc	tions for Part II)	[(A)	Beginr	ning o	fyear		(B) End of year
22 Cash, savings, and investments .						25,545	22	24,324
23 Land and buildings							23	
24 Other assets (describe in Schedule O)					2,947	24	3,060
25 Total assets						28,492	25	27,384
26 Total liabilities (describe in Schedule	0)					0	26	0
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	:h line 21) .				28,492	27	27,384
Part IIII Statement of Program	•					_		Expenses
Check if the organization used		any question in t	hıs Pa	rt III	. [Ι `	quired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt COMMUNITY SERVICE	purpose?						1 ' ' '	anizations and section
Describe what was achieved in carrying ou	t the organization's exempt	purposes In a c	leara	nd con	cisei	manner,	1	47 (a)(1) trusts , ıonal for others)
describe the services provided, the numbe program title	r of persons benefited, and	other relevant ınf	ormat	ion for	each		"	ionarior others ,
28 RECOGNITION OF EXEMPLORY SERV								
SCOUTING, CHILD ABUSE PREVENTIOI COLLEGE SCHOLARSHIPS	N, RECOGNITION OF OUT	STANDING ACH	HIEVE	MENT	S, AN	ID		
	ıs amount ıncludes foreıgn ç	grants, check her	e .		 - -	Г	28a	0
29						•		
(Grants \$) If th	ıs amount ıncludes foreıgn ç	grants, check her	e .		Þ	Г	29a	
30								
(Grants \$) If the	ıs amount ıncludes foreıgn ç	grants, check her	e .		►	\vdash	30a	
31 O ther program services (describe in Sc								
	ıs amount ıncludes foreıgn ç		e .		<u> </u>		31a	
32 Total program service expenses (add lin			•		. !		32	0
Part IV List of Officers, Directors, Tru Check if the organization used				-	tea (S	ee the ins	truction	is for Part IV)
Check if the organization used	(b) Title and average	(c) Compensa			Cont	ributions	to	(e) Expense
(a) Name and address	hours per week	(If not paid	•			enefit pl		account and
DA L DU AUU I	devoted to position	enter -0)		defer	red c	ompens	tion	other allowances
RALPH NULL COLUMBUS MS								
COLUMBUS, MS 39702	PRESIDENT 2 00		0				0	0
BARBARA BIGELOW								
COLUMBUS MS	VICE PRESIDENT 2 00		0				0	0
COLUMBUS,MS 39702	VICE PRESIDENT 2 00		U				U	
LYN HERRON								
COLUMBUS MS	TREASURERE 2 00		0				0	0
COLUMBUS,MS 39702			-				-	

Ра	rt v	Other Information (Note the statement requirements in the instr	· -			
		Check if the organization used Schedule O to respond to any question in this	Part V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O		33	res	No
34	Were a	ny significant changes made to the organizing or governing documents? If "Yeamended documents if they reflect a change to the organization's name. Other alle O (see instructions)	es," attach a conformed copy wise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 90-T	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No
b	If"Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions 🕨	37a 0			
b	Did the	e organization file Form 1120-POL for this year?		37b		
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No
ь	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38ь			
39		501(c)(7) organizations. Enter		1		
		on fees and capital contributions included on line 9	39a			
		receipts, included on line 9, for public use of club facilities	39b	1		
		ع <i>501(c)(3) organizations .</i> Enter amount of tax imposed on the organization durii	ng the vear under	1		
		4911 ▶, section 4912 ▶, section 4955 ▶				
	transa reporte	to 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect ction during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been art I	40Ь		No
	dısqua	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	▶ 0			
	organiz	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	▶ 0			
e	transa	anizations. At any time during the tax year, was the organization a party to a pr ction? If "Yes," complete Form 8886-T		40e		No
41		states with which a copy of this return is filed MS				
42a	The o	rganızatıon's books are ın care of ▶ <u>LYN HERRON</u> 700 DUCAN RD	Telephone no	• <u>(66</u>	2) 356	-6049
	Locate	ed at F CALEDONIA, MS	ZIP + 4	3	9740	
ь	Atanv	time during the calendar year, did the organization have an interest in or a sig	inature or other authority			Τ
	overa	financial account in a foreign country (such as a bank account, securities acc		421	Yes	No
	accour			42b		No
	See th	," enter the name of the foreign country <u></u> e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.				
c		time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		No
	If "Yes	," enter the name of the foreign country 🕨				
43	Section	a 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year	041 —Check here	· ·		▶ Γ
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i> o	ompleted instead of		Yes	No
	Form 9	90-EZ.		44a		No
b		e organization operate one or more hospital facilities during the year? If 'Yes,'. I of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the yea	ar?			
d	If'Yes ın Sche	to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	44c		No

rorm 990-	EZ (2010)						V	Page 4
45 I		- d		f tu	2/5//12/2 15		Yes	No
	ny related organization a controlle 'Form 990 and Schedule R must be	·	_	rsection 51.	2(D)(13)/ <i>11</i>	45		No
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•			4.		
	he organization engage, directly					45a		No
	ıdates for public office? If "Yes,"					46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ			_			-	stions
	47-49b and 52.			•			,	_
	Check if the organization used	Schedule O to respond	to any question in this P	art VI .		• •	Yes	No
47 Did t	he organization engage in lobbyii	ng activities? If "Yes." co	omplete Schedule C. Par	rt II		47		
	e organization a school describe					48		
	he organization make any transfe					49a		
b If"Y	es," was the related organization	a section 527 organizati	on?			49b		
50 Com	plete this table for the organization	on's five highest compens	sated employees (other	than officers	, directors, trus	stees a	nd key	
empl	oyees) who each received more t	than \$100,000 of compe	nsation from the organiz		ributions to		e " e) Exper	25.0
	and address of each employee and more than \$100,000	hours per week	(c) Compensation	employee b	enefit plans &	a	count	and
	· · ·	devoted to position		deferred c	ompensation	otne	r allowa	inces
50(f) Tot	al number of other employees pa	ıd over \$100,000 .				<u> </u>		
50(f) ⊤ot	al number of other employees pa	ıd over \$100,000 .				• <u> </u>		
51 Com	al number of other employees pa plete this table for the organization mpensation from the organization	on's five highest compens		· · ·		►	an \$10	0,000
51 Com of co	plete this table for the organization	on's five highest compen 1 If there is none, enter "	None "	,			an \$10	
51 Com of co	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter "	None "	,				
51 Com of co	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter "	None "	,				
51 Com of co	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter "	None "	,				
51 Com of co	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter "	None "	,				
51 Com of co	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter "	None "	,				
51 Com of co	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter "	None "	,				
51 Com of co	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter "	None "	,				
51 Com of co (a) N	plete this table for the organization mpensation from the organization ame and address of each independent call number of other independent c	on's five highest compens If there is none, enter " Indent contractor paid mo	none " re than \$100,000 g over \$100,000	(b) Type	of service	(c) C	ompen	sation
51 Com of co (a) N	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compension of the section of the	none " re than \$100,000 g over \$100,000	(b) Type	of service	(c) C	ompen	sation
51 Com of co (a) N 51(d) Tot mu	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule	on's five highest compensations of the property of the propert	g over \$100,000 on 501(c)(3) organizatio	(b) Type	of service	npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) Tot 52 Dig mu Inder pena	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and completed, and correct, and completed schedule	on's five highest compensations of the property of the propert	g over \$100,000 on 501(c)(3) organizatio	(b) Type	of service	npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) Tot 52 Dig mu Inder pena	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and completed, and correct, and completed schedule	on's five highest compensations of the property of the propert	g over \$100,000 on 501(c)(3) organizatio	(b) Type	of service	npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) Tot 52 Did mu Inder pena nowledge.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and completed, and correct, and completed schedule	on's five highest compensations of the property of the propert	g over \$100,000 on 501(c)(3) organizatio	(b) Type	of service (a)(1) nonexen atements, and to Il information of	npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) Tot 52 Did mu Inder pena mowledge mowledge.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete.	on's five highest compensation of presentation	g over \$100,000 on 501(c)(3) organizatio	(b) Type	of service (a)(1) nonexen atements, and to Il information of	npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) Tot 52 Did mu Inder pena nowledge. Sign	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contains the contains a superior of the organization complete. The contains the	on's five highest compensation of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	g over \$100,000 In 501(c)(3) organizatio Luding accompanying scheparer (other than officer)	(b) Type ons and 4947 consistency and state is based on a	of service (a)(1) nonexen atements, and to Il information of	npt cha	aritable /es st of my prepare	trusts No r has an
51 Com of co (a) N 51(d) Tot 52 Div mu Inder pena nowledge nowledge. Sign Here	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete.	on's five highest compensation of the second on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organizatio on companying scheparer (other than officer)	(b) Type ons and 4947 edules and states is based on a	of service (a)(1) nonexen atements, and to Il information of	npt chapt chapt the best which	aritable /es st of my prepare	trusts No
51 Com of co (a) N 51(d) Tot 52 Dig mu Juder pena mowledge mowledge. 6ign Here	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete. The correct of the organization complete schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete of officer. BARBARA BIGELOW VICE PRESIDENTY Type or print name and title. Preparer's signature of the organization of the organiz	on's five highest compensation of the second on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organizatio on companying scheparer (other than officer)	eck if	of service (a)(1) nonexen atements, and to Il information of	npt chapt chapt the best which	aritable /es st of my prepare	trusts No
51 Com of co (a) N 51(d) Tot 52 Did mu	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule attach a completed Schedule attach a completed Schedule and belief, it is true, correct, and complete schedule and belief, it is true, correct, and complete schedule and belief at its true, correct and complete schedule and belief at its true, correct and complete schedule and belief at its true, correct and complete schedule and belief at its true, correct and complete schedule and belief at its true, correct and complete schedule and belief at its true, correct and complete schedule and belief at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule at its true, correct and complete schedule are schedule	on's five highest compensation of the property on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organizatio on companying scheparer (other than officer)	eck if	of service	npt cha the be which	ompens aritable fes st of my prepare	trusts No

In-person solicitations

DLN: 93492064001132

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Inspection

Name of the organization **Employer identification number** NATIONAL EXCHANGE CLUB 1697 CLUB OF COLUMBUS MISSISSIPPI 64-6025128 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes

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

Pa	rt II	Fundraising Events. Components than \$15,000 on Form				
			(a) Event #1 CHEESE SALES (event type)	(b) Event #2 GOLF TOURNAMENT & CONDO RAFFLE (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable contributions	16,243	8,156		24,399
	3	Gross income (line 1 minus line 2)	16,243	8,156		24,399
	4	Cash prizes				
မှာ ()	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .	8,106	3,182		11,288
	10	Direct expense summary Add line			🛌	11,288
Do.	11 t III	Net income summary Combine lin Gaming. Complete if the ord			rt IV line 10 or rene	13,111
Pai		\$15,000 on Form 990-EZ, lin	e 6a.		it iv, lille 19, of Tepc	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မွ	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
Ā	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes %	
	7	Direct expense summary Add lines	2 through 5 in column (d)		
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (d)	<u> ►</u>	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gamıng actıvıtıes ın each	n of these states?		· Fyes Fno
10a b		re any of the organization's gaming li Yes," Explain			the tax year?	·· Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492064001132

OMB No 1545-0047

2010

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization NATIONAL EXCHANGE CLUB 1697 CLUB OF COLUMBUS MISSISSIPPI Employer identification number

64-6025128

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION INTEREST INCOME AMOUNT 28

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME DISTRICT DUES AMOUNT OF PAYMENT 1,166

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME NATIONAL DUES AMOUNT OF PAYMENT 3,686

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME NATIONAL CONVENTION FEES AMOUNT OF PAYMENT 130 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 4,982

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BOY SCOUTS GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 4,187

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART	ACTIVITY CLASSIFICATION GRANTEE NAME CHILD ABUSE PREVENTION GRANTEE
AMOUNTS PAID	I, LINE 10	ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 591

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART	ACTIVITY CLASSIFICATION GRANTEE NAME BOYS AND GIRLS CLUB GRANTEE
AMOUNTS PAID	I, LINE 10	ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME FATHER'S CHILD GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME FIRST BOOK GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID		ACTIVITY CLASSIFICATION GRANTEE NAME GIRL SCOUTS GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME HEARTS PROGRAM GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART	ACTIVITY CLASSIFICATION GRANTEE NAME COLUMBUS GIRLS CHOIR GRANTEE
AMOUNTS PAID	I, LINE 10	ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CAMPRISING SUN GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 341

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART	ACTIVITY CLASSIFICATION GRANTEE NAME SAFEHAVEN GRANTEE ADDRESS
AMOUNTS PAID	I, LINE 10	COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	' '	ACTIVITY CLASSIFICATION GRANTEE NAME YMCA GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME YOUTH / MONTH OF THE YEAR GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 1,000

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CONTACT HELPLINE GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39702 AMOUNT GIVEN 500

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART	ACTIVITY CLASSIFICATION GRANTEE NAME BMH HANDICAP PLAYGROUND GRANTEE
AMOUNTS PAID	I, LINE 10	ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 500

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME LOAVES & FISHES GRANTEE ADDRESS COLUMBUS, MS COLUMBUS, MS 39701 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 14,969

ldentifier	Return Reference	Explanation
OTHER EXPENSES	1	DESCRIPTION SUPPLIES AMOUNT 1,646 DESCRIPTION MEALS AMOUNT 18,419 DESCRIPTION ADVERTISING AMOUNT 410 DESCRIPTION CHAMBER OF COMMERCE DUES AMOUNT 230 DESCRIPTION MEETING PROGRAMS AND MISC EXPENSES AMOUNT 2,091 TOTAL TO FORM 990-EZ, LINE 16 22,796

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,947 END OF YEAR AMOUNT 3,060

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: NATIONAL EXCHANGE CLUB

1697 CLUB OF COLUMBUS MISSISSIPPI

EIN: 64-6025128

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.