

Form 990-EZ

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## A For the 2016 calendar year, or tax year beginning

July 1, 2016, and ending June 30, 2017

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization **hc**

The Exchange Club of Wythe

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

PO Box 8127

D Employer identification number **hc**

540898902

City or town, state or province, country, and ZIP or foreign postal code

Hampton, VA 23666-8127

F Group Exemption

Number ► **hc**

E Telephone number

757-869-8123

## G Accounting Method

 Cash  Accrual Other (specify) ►

## I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) (4) (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

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

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b>	Contributions, gifts, grants, and similar amounts received	1	2459
<b>2</b>	Program service revenue including government fees and contracts	2	0
<b>3</b>	Membership dues and assessments	3	13266
<b>4</b>	Investment income	4	289
<b>5a</b>	Gross amount from sale of assets other than inventory	5a	0
<b>b</b>	Less: cost or other basis and sales expenses	5b	0
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	54734
<b>c</b>	Less: direct expenses from gaming and fundraising events	6c	25472
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29262
<b>7a</b>	Gross sales of inventory, less returns and allowances	7a	
<b>b</b>	Less: cost of goods sold	7b	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
<b>8</b>	Other revenue (describe in Schedule O)	8	0
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45565
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	10	30060
<b>11</b>	Benefits paid to or for members	11	
<b>12</b>	Salaries, other compensation, and employee benefits <b>hc</b>	12	
<b>13</b>	Professional fees and other payments to independent contractors <b>hc</b>	13	
<b>14</b>	Occupancy, rent, utilities, and maintenance	14	
<b>15</b>	Printing, publications, postage, and shipping	15	139
<b>16</b>	Other expenses (describe in Schedule O) <b>hc</b>	16	30907
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	17	61106
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(15541)
<b>19</b>	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	85798
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	20	0
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	21	70257

158

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	72498	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	<b>Total assets</b>	72498	25
26	<b>Total liabilities</b> (describe in Schedule O)	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	72498	27
			70257

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others)

**28 Service to Youth - Scholarships and Awards, Cash to 6 Students****28a** (Grants \$ 12,000) If this amount includes foreign grants, check here  12000

29 Service to Community Grantee Christmas Baskets for 20 Families, Cash Grant \$2532

**29a** (Grants \$ 2532) If this amount includes foreign grants, check here  2532

30 Service to Community, Grantee After Prom Party, Cash Grant to 4 High Schools - 2000

**30a** (Grants \$ 2000) If this amount includes foreign grants, check here  2000

31 Other program services (describe in Schedule O)

(Grants \$ 44574) If this amount includes foreign grants, check here  44574**32 Total program service expenses** (add lines 28a through 31a) **32** 61106**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

<b>hc</b> (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable <b>hc</b> compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Matthew Hartman President	20	0	0	0
Amber Hodges Secretary	10	0	0	0
James Puckett Treasurer	10	0	0	0
William Trimble	10	0	0	0
Immediate Past President				
Richard Dietz Director	1	0	0	0
Doug Gray Director	1	0	0	0
Bob Gurley Director	1	0	0	0
Robert Kimsey Director	1	0	0	0
Robert Moore Director	1	0	0	0
David Dudek Director	1	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. 

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33	✓	bc

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	✓	bc
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	✓	bc
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b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35b	✓	bc
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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	✓	bc
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

37a	✓	bc
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b Did the organization file Form 1120-POL for this year?

37b	✓	bc
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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 tax year covered by this return?

38a	✓	bc
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b		
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39 Section 501(c)(7) organizations. Enter:

39a		
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39b Gross receipts, included on line 9, for public use of club facilities

39b		
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40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ , section 4955 ► \_\_\_\_\_

40b	✓	bc
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

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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

40e	✓	
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41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► James Puckett Telephone no. ► 757-869-8123  
 Located at ► 6 Sea Cove Ct, Hampton, VA ZIP + 4 ► 23669-1066

42b	✓	
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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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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c At any time during the calendar year, did the organization maintain an office outside the United States?  
 If "Yes," enter the name of the foreign country: ►

42c	✓	
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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

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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a	✓	
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b	✓	
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c Did the organization receive any payments for indoor tanning services during the year?

44c	✓	
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d	✓	
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a	✓	
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b	✓	
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		<input type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		<input type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		<input type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization? . . . . .

49b		<input type="checkbox"/>
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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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

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

Sign Here <input type="checkbox"/>	<i>James Puckett</i> Signature of officer	November 15, 2017 Date
<input type="checkbox"/>	James Puckett, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**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" on Form 990, Part IV, line 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No 1545-0047

**2017**  
Open to Public  
InspectionName of the organization  
The Exchange Club of WytheEmployer identification number  
54-0898902**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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 10 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 and address 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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Pancake Breakfast (event type)	(b) Event #2 Christmas Tree Sales (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	11471	43263		54734
	2 Less: Contributions . . .				
	3 Gross income (line 1 minus line 2) . . . .	11471	43263		54734
Direct Expenses	4 Cash prizes . . . .				
	5 Noncash prizes . . . .				
	6 Rent/facility costs . . . .		907		907
	7 Food and beverages . . . .	1226	168		1394
	8 Entertainment . . . .				
	9 Other direct expenses . . . .	1016	22155		23171
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				25472
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				29262

**Part III Gaming.** Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O  
(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
The Exchange Club of WytheEmployer identification number  
54-0898902

1 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Youth, Grantee ACE Award, Cash Grant to 1 Youth \$563

2 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Youth, Grantee Scholarships, Cash Grant to 6 individuals \$12000

3 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Youth, Grantee Youth of the Month & Youth of the Year Awards, Cash Grant to 6 individuals \$250

4 16 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee After Prom Party, Cash Grant to 4 High Schools \$2000

5 3 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Youth, Grantee Youth Athletics, Cash Grant to a Youth Athletic Association & a neighborhood Swim Team \$950

6 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Vet Support Groups, Cash Grant to 3 groups \$900

7 Form 990-EZ, Part III, Line 10, Grants Paid Activity Americanism, Grantee Give Flags to Kids \$89

8 Form 990-EZ, Part III, Line 10, Grants Paid Activity Americanism, Grantee Freedom Shrine Maintenance 465

9 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Special Projects, Cash Grant \$1035

10 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Book of Golden Deeds, Cash Grant \$280

11 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Christmas Baskets for 20 Families, Cash Grant \$2532

12 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Crime Prevention Banquet, Cash Grant \$1812

13 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Fire Prevention Banquet, Cash Grant \$950

14 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Prevention of Child Abuse, Cash Grant \$870

15 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Senior Citizen Activities, Cash Grant \$900

16 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Cancer Research, Cash Grant \$500

17 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Fire Prevention Banquet, Cash Grant \$566

18 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Mayor's Book Club, Cash Grant \$825

19 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee Start New Exchange Clubs, Cash Grant \$400

20 Form 990-EZ, Part III, Line 16, Other Expenses Supplies \$839

21 Form 990-EZ, Part III, Line 10, Grants Paid Activity Service to Community, Grantee National Exchange Club Foundation, Cash Grant \$2173

22 Form 990-EZ, Part III, Line 16, Other Expenses Direct Fund Raising Expenses \$13,753

23 Form 990-EZ, Part III, Line 16, Other Expenses Misc Expenses (Fees, Ramps, PO Box, Etc) \$806

Name of the organization

The Exchange Club of Wythe

Employer identification number

54-0898902

24 Form 990-EZ, Part III, Line 16, Other Expenses National and District Dues \$4125

25 Form 990-EZ, Part III, Line 16, Other Expenses Conferences, Conventions and Meetings \$11523