Department of the Treasury

temal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

**2017** 

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to	Public
Inspe	ction _

<u>A</u>	For the	e 2017	calendar year, or tax year beginning	, 2017,	and ending			, 20		
	<b>.</b>		C Name of organization			D Employer ide	ntification	number		
_	Check if a	pplicable	7X24 EXCHANGE, INC.			22-307	5802			
	Addre		Doing business as							
Г	Name	change	Number and street (or P O box if mail is not delivered to st	reet address)	Room/suite	E Telephone nu	mber			
	Initial	return	322 EIGHTH AVENUE		702	(646) 48	6-3818	3		
		return/	City or town, state or province, country, and ZIP or foreign	postal code						
	Lermin Amen	nded	NEW YORK, NY 10001			G Gross receipt	s \$	4,175,1	34.	
F		cation		J. CASSILIANO	)	H(a) Is this a gro			No	
_	Pendi	ing	SAME AS C ABOVE		1	subordinate: H(b) Are all subord		Yes	No	
I Tax-exempt status   501(c)(3)   X   501(c) ( 06)   ✓ (insert no )   4947(a)(1) or   52										
<u>.</u>	J Website: > WWW.7X24EXCHANGE.ORG									
ĸ		of organ		Other ▶	Year of forma	tion 1990 M	<del></del>		DE	
Ï	art I		mmary	Odici P	L rear or terme		Oldio of Tog	jar cominate		
			v describe the organization's mission or most significar	t actuation TO BE	THE LEADING	G KNOWI.ED	GE EXC	HANGE FO	R	
•		THOS	SE WHO DESIGN, BUILD, MAINTAIN &	ISE MISSION-	-CRITICAL E	NTERPRISE	02 20		<u> </u>	
Governance			ORMATION INFRASTRUCTURES.	ODB HIDDION	OKTITOTIB B	WIBITI KIDB				
Ě					d of moss than 050					
Š	2		this box  if the organization discontinued its	•			1 1		5.	
8	3		er of voting members of the governing body (Part VI, li				3		4.	
Activities &	4		er of independent voting members of the governing be	•			4		0.	
<u> </u>	5		number of individuals employed in calendar year 2017				5		4.	
C	6		number of volunteers (estimate if necessary)				6	150 60		
`	'   /a		unrelated business revenue from Part VIII, column (C),				7a	150,60		
_	<u> </u>	Net ur	nrelated business taxable income from Form 990-T, line	34	<del></del>		7b	43,08		
						Prior Year		Current Year		
9	8		butions and grants (Part VIII, line 1h)			2 757 5	0.	2 711 0	0.	
Revenue	9		am service revenue (Part VIII, line 2g)			3,757,52		3,711,0		
Š			ment income (Part VIII, column (A), lines 3, 4, and 7d).			21,23		40,3		
	1		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			186,70		195,9		
_	12	Total r	revenue - add lines 8 through 11 (must equal Part VIII,	column (A), line 12).	• • • • • •	3,965,40		3,947,3		
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-	3)		30,50		50,8		
	14	Benefi	its paid to or for members (Part IX, column (A), line 4) .				0.		0.	
, a	15	Saları	es, other compensation, employee benefits (Part IX, co	umn (A), lines 5-10).		274,00		274,0		
Expenses	16a	Profes	ssional fundraising fees (Part X, column (A), line 11e). fundraising expenses (Part X, column (B), line 25)				0.		<u>o.</u>	
Ž	b	Total f	fundraising expenses (Part 🛪 column (D), line 25)	0	•			<u> </u>		
ш	17	Other	expenses (Part I Column (A), lines 11a-11d, 1 (4e)			3,381,8		3,456,2		
	18	Total e	expenses Add III 🖺 13-0 C must equal Haft IX, 🦓 Imm	(A), line 25)		3,686,39		3,781,0		
	19	Reven	expenses (Part IXXII) lumn (A), lines 11a-11d, 1 24e) expenses Add line 13-0 L (must equal Halt IX, 60 mm nue less expenses Subtract line 18 from line 12 22	<u></u> <u></u>		279,0	67.	166,3	04.	
0.0	20 21 22		OGDEN LIT		Begu	nning of Current	Year	End of Year		
sets	20	Total a	assets (Part X, line 16)			2,592,6	93.	3,071,3	96.	
Ass	21		liabilities (Part X, line 26)			91,3	16.	374,0	39.	
Net	22	Net as	ssets or fund balances Subtract line 21 from line 20			2,501,3	77.	2,697,3	57.	
P	art II		gnature Block							
Ur	nder per	naities o	of perjury, I declare that I have examined this return, including complete. Declaration of proparer (other than officer) is based	g accompanying schedu	les and statements,	and to the best o	f my knowl	ledge and belief	, it is	
tru	ie, corre	ct, and	complete, beclaration of proparer (other than officer) is based	on all information of which	th preparer has any k	nowledge	<del>-  </del>			
			1.0/16			10/1	5/20	018		
Sig		<b>                                     </b>	Signature of officer			Date				
He	ere		KOBERT V. (ASSILIAN	0						
		} ₹	Type or print name and title						,	
Print/Type preparer's name Preparer's siggrature Date Check If PTIN										
Paid JAMES J REILLY \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\										
	parer		COMPON OLMERDA MOCTUMY C	DONNELTYY L	1	Firm's EIN				
Us	OSE ONLY									
Ma	v the		iscuss this return with the preparer shown above			Phone no 4		Yes _	No	
			Reduction Act Notice, see the separate instructions.	(555-11011 40110110)	<u> </u>	<u> </u>		Form 990 (2		
			reguestou met nouse, see lie sevalate iiisuuciions.							

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Form 990 (2017)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		v
	complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	١.	v	
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1 _		v
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	1	Х
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			3.7
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		v	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	, 1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			.
	VII, VIII, IX, or X as applicable			i
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			Х
	complete Schedule D, Part VI	11a		^
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ.
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	420	x	
	Schedule D, Parts XI and XII	12a	<u></u>	<u> </u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		X
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		Х
		170		<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.45		<del></del>
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<del></del>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1.0		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  ''</del>	<b> </b>	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>	<del>                                     </del>
13	If "Yes," complete Schedule G, Part III	19		х
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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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?	0.51		
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	0.0		х
	disqualified persons? If "Yes," complete Schedule L, Part II	26	.	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	, , , , , , , , , , , , , , , , , , , ,	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<b>.</b>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	 (2017)
		rom	JJU	(2017)

Form 990 (2017)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
	5 to 11 to 12 to 1	+	162	NO
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
C		1c	x	- <b>-</b>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
ь		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		:	
3a		3a	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	<b>_</b>
4a	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			v
	accounty:	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		-	-
_	(FBAR)	5a		х
	Treat the organization a party to a promotica tax official rational at any time during the tax year 1.1.1.1.1.	5b		X
	Bid any taxable party notiny the organization that it was or lot a party to a promotion tax should tax	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va		6a	i	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor	7a		
	The rest, and the organization hotily the donor of the value of the goods of services provided.	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>-</b> -		l
	required to me form ozoz: I first fi	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Eld the organization receive any lands, allocally of mail occup, to pay promising our a porterior serior serior	7e 7f		
	Bid the organization, during the year, pay premiums, directly of maneous, on a personal personal contract	7g		
	The digaritation reconstruct of quantities interested property, and the digaritation of the second o	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		'	
		8		
9	and the state of t			-
а		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
0	Section 501(c)(7) organizations. Enter	-		ŀ
	Initiation fees and capital contributions included on Part VIII, line 12	.	,	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		Ξ.
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	-		
	Cross medine from members of shareholders.		•	1
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			,
122	against amount and at 1000 to	ı 2a	-	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			·
		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	-		1
b	Enter the amount of reserves the organization is required to maintain by the states in which		-	1
	the organization is licensed to issue qualified health plans	-	- <u>-</u>	
	Enter the amount of reserves on hand			X
	bid the organization reserve any payments for masor tarning sor need during the tax year.	14a		┝
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 1	14b		L

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or	,		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		-	
b	Enter the number of voting members included in line 1a, above, who are independent	-		-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		-
	any other officer, director, trustee, or key employee?	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_3_	Х	<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a_	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			ļ.,
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		,	
	the year by the following		v	
а	The governing body?	8a	X	v
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·) Yes	No
		10a	X	110
	Did the organization have local chapters, branches, or affiliates?	Iva	**	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10ь	х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	<del></del> -	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	x	
	1 , , ,	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	į		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	- '		-
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure		L	
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	:)(3)9	only)
. •	available for public inspection. Indicate how you made these available. Check all that apply	23.(1	-,(-,-	y )
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	v, and
-	financial statements available to the public during the tax year		,,	, ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record DOLCI MGMT SERVICES, 322 EIGHTH AVENUE, SUITE 702, NEW YORK, NY 10001 646-486-3818	s <b>&gt;</b>		
•	DOLCI MGMT SERVICES, 322 EIGHTH AVENUE, SUITE 702, NEW YORK, NY 10001 646-486-3818	-		

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7X24 EXCHANGE, INC.

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		check more than one ess person is both an nd a director/trustee)		Position heck more than one ss person is both an d a director/trustee)		Position ot check more than one unless person is both an r and a director/trustee)		osition ck more than one person is both an a director/trustee)		Position of check more than one inless person is both an and a director/trustee)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ROBERT J. CASSILIANO	3.00							:																																																																																																	
CHAIRMAN OF THE BOARD	0.	Х		Х	l			274,000.	0.	0.																																																																																															
(2)DAVID SCHIRMACHER	3.00																																																																																																								
PRESIDENT	0.	Х		Х				0.	0.																																																																																																
(3)CYRUS IZZO, PE	3.00	ļ						_		_																																																																																															
VICE PRESIDENT	0.	Х		Х				0.	0.	<u> </u>																																																																																															
(4)JULI IERULLI	3.00								_	_																																																																																															
DIRECTOR	0.	X	L				<u> </u>	0.	0.																																																																																																
(5)MICHAEL SITEMAN	3.00																																																																																																								
DIRECTOR	0.	Х						0.	0.																																																																																																
(6)																																																																																																									
(7)			_																																																																																																						
(8)					-			-																																																																																																	
(9)																																																																																																									
(10)					!					<del></del>																																																																																															
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(13)			_							-																																																																																															
(14)					_																																																																																																				

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplc	ye	es,	and i	lig	hest Compensat	ed Employ	ees (d	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	erage Position Reportable crs per (do not check more than one (list any box, unless person is both an officer and a director/trustee)  Reportable compensation from the		rerage Position Reportable Regulars per (do not check more than one box, unless person is both an officer and a director/trustee) the org		(E) Reporta compensation related organizat	on from	Est am comp	(F) umated ount of other pensation				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	m the inization related nization	
							-						
										_			-
1b Sub-total	ection A .						<b>* * *</b>	274,000. 0. 274,000.		0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		No X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	50,0	007	i If	"Yes					4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on '	fron	n any					5 5		X
Section B. Independent Contractors	23, Compre	10 001	1000	,,,,,	101	00011	<del>pu,</del>		<u></u>	<u> </u>		1	
Complete this table for your five highest com- compensation from the organization. Report of year.												-	
(A) Name and business add	Iress	_	_					(B) Description of se	ervices	c	(C) Compens	ation	
ATTACHMENT 1							+						
							‡						
							$\pm$					abus ei-se-	********************
2 Total number of independent contractors (in							se l	listed above) who	received				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
			manis a respon	Se of Total Coal	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d trions) 1e grants, labove 1f						
Program Service Revenue	2a b c d	Total. Add lines 1a-1f		Business Code 900099 900099	3,416,522. 294,487.	3,416,522. 294,487.	Elitaria de capitaria de Paralle de Las de Capitarias de Capitaria de	A COLUMN TO SERVICE OF THE SERVICE O	
Progra	f g	All other program service rev			3,711,009.	market in the second of the se		y which may be rule of a second of the secon	
,	3 4 5	Investment income (income and other similar amounts).  Income from investment of Royalties	tax-exempt bond	roceeds . ▶	41,984. 0.	ō	,	41,984	
	6a b	Gross rents	(i) Real	(II) Personal					
	d 7a b	Net rental income or (loss).  Gross amount from sales of assets other than inventory  Less cost or other basis	(i) Secunties 226,164.	(II) Other				The state of the s	
	c d	and sales expenses Gain or (loss)			-1,617			-1,617	
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c)						
Ö	b c 9a	Less direct expenses  Net income or (loss) from fu  Gross income from gaming  See Part IV, line 19	ndraising events activities		0.		The second secon	The state of the s	
	b c 10a	Less direct expenses Net income or (loss) from g Gross sales of inventoreturns and allowances	aming activities.		0.				
	b c	Less cost of goods sold Net income or (loss) from sa	b les of inventory		The second secon				
	11a b c	ADVERTISING OTHER		511120 900099	187,450. 8,527.	36,850			
	d e	All other revenue  Total Add lines 11a-11d .  Total revenue See instruction			195,977		150,600.	40,367	

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			La Red Hay der a ref	
	and domestic governments See Part IV, line 21	50,813.		- 4 - 1 - 1 4	น้า กูดเมื่อเลี้ยวกับเลื
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			The second of th
2	Grants and other assistance to foreign				
٠	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			و دینها دارد
4	Benefits paid to or for members	0.		, a. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Compensation of current officers, directors,		-		
,	trustees, and key employees	274,000.			
_	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salanes and wages	0.			
8	Pension plan accruals and contributions (include	0.	•		
	section 401(k) and 403(b) employer contributions)	0.			
	Other employee benefits	0.			<u> </u>
	Payroli taxes				<u>.</u>
	Fees for services (non-employees)	299,600.			
	Management	10,314.			
	Legal	7,975.			
	Accounting	0.			
	Lobbying	0.		<u>.</u>	
	Professional fundraising services See Part IV, line 17.	10,271.			
1	f Investment management fees	10,271.			
ē	Other (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O)	7,645.	-	<del></del> -	
	Advertising and promotion		<u> </u>		
	Office expenses	288,584.			
	Information technology	37,737.			
	Royalties	0.	-		
	Occupancy	0.			
	Travel	19,136.			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0.			-
	Conferences, conventions, and meetings	2,672,629.			
	Interest	0.			-
	Payments to affiliates	0.	-		
	Depreciation, depletion, and amortization	0.			
23	Insurance	6,140.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Third State Co.	
	line 24e amount exceeds 10% of line 25, column	<u> </u>	, profile and a second		: :
	(A) amount, list line 24e expenses on Schedule O)	* = 67	-, -, -,	д 42 ° (В) — 1° т т	,
•	UNRELATED BUS. INCOME TAX	4,000.			<u> </u>
_	MISC. EXPENSES	85,205.			
c	DUES & SUBSCRIPTIONS	7,000.			
c	l				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,781,049.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	0.			

Organizations that do not follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances........

Form 990 (2017) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X. . . . . . . . . . . . Beginning of year End of year 957,685. 742,823. 1 989,967. 1,017,451. Savings and temporary cash investments 0. 3  $2,\overline{100}$ . 56,580. Accounts receivable, net ............ 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Ō. 0 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0. 0. organizations (see instructions) Complete Part II of Schedule L Assets Ō. 0. 0. 0. 8 128,941. 39,341. 9 10a Land, buildings, and equipment, cost or 10a other basis Complete Part VI of Schedule D Ó. 10c 992,703. 713,417. Investments - publicly traded securities ....... 11 11 23,081. 0. Investments - other securities See Part IV, line 11 12 0. 0. 13 13 Investments - program-related See Part IV, line 11 Ö. 0. 14 14 o. 15 15 2,592,693. 3,071,396. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . 34,739. 31,016. 17 0. 18 18 60,300. 339,300. 19 19 0. 0.1 20 20 0. 0. 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and 0. 0. Ō. 0. 23 23 Secured mortgages and notes payable to unrelated third parties 0. 0.1 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 0. 0. 25 91,316. 26 Total liabilities. Add lines 17 through 25. . . . . . . . . Organizations that follow SFAS 117 (ASC 958), check here | X | and complete lines 27 through 29, and lines 33 and 34. Balances 2,501,377. 27 2,697,357. Unrestricted net assets ........... 27 0. 28 28 Temporarily restricted net assets Ō. 0. 29 Fund 

> 3,071,396. Form 990 (2017)

2,697,357.

30

31

32

2,501,377.

2,592,693.

9

Assets 30

Net

31

32

33

complete lines 30 through 34.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Х

- -

3a

3h

Schedule O

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

•	Section 501(c)(3) organizations	Complete Parts I-A and B Do not comp	olete Part I-C		
•	Section 501(c) (other than secti	on 501(c)(3)) organizations Complete	Parts I-A and C below [	Do not complete Part I-B	
	Section 527 organizations Com				
		on Form 990, Part IV, line 4, or Form			
		that have filed Form 5768 (election u			
		that have NOT filed Form 5768 (elect			
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Prox)	r Tax) (see separate ii	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) org				
	e of organization			Employer ide	ntification number
	4 EXCHANGE, INC.			22-307	5802
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1		organization's direct and indirect			
	definition of "political campa	_	, , ,	•	
2	·	xpenditures (see instructions)		\$	
3		campaign activities (see instruction			
		organization is exempt under			
1		cise tax incurred by the organization			
2		cise tax incurred by organization n			
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		. Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	)
1		expended by the filing organization			
2		ng organization's funds contribute		· · · · · · · · · · · · · · · · · · ·	
-	527 exempt function activiti	es		<b>▶</b> \$	
3	line 17b	enditures Add lines 1 and 2 E			
4 5	Enter the names, addresses organization made payment the amount of political continuous	e Form 1120-POL for this year? sand employer identification numbers. For each organization listed, elements received that were promoted or a political action committee.	per (EIN) of all section of the amount pain optly and directly de	on 527 political organiza d from the filing organiza divered to a separate po	ations to which the filing cation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)	····				
(5)					
(6)					
For F	Paperwork Reduction Act Notic	e, see the instructions for Form 990 e	or 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2017

No

Sch	edule C (Form 990 or 990-EZ) 2017 7X24 E	XCHANGE, INC.	22-3	3075802
_		on is exempt under section 501(c)(3) and	d filed Form 5768 (ele	ction und
Ā		longs to an affiliated group (and list in Part IV early and share of excess lobbying expenditures)	each affiliated group mem	iber's name
В	Check ► if the filing organization che	ecked box A and "limited control" provisions ap	ply	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Aff group
b	Total lobbying expenditures to influence	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b)		
е	Total exempt purpose expenditures (add	d lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the columns	e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is: 20% of the amount on line 1e		- 12 7 - 12 7 - 13
	Not over \$500,000 Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		, <del>-</del> - , <del>-</del> - ,
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		, 7 %
g	Grassroots nontaxable amount (enter 25	5% of line 1f)		
h	Subtract line 1g from line 1a If zero or le	ess, enter -0		
i	Subtract line 1f from line 1c If zero or le	ss, enter -0		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiz	ation file Form 4720	
	reporting section 4911 tax for this year?		<u></u>	Yes
		4-Year Averaging Period Under section 501(h		
	(Some organizations that made a	section 501(h) election do not have to comp	lete all of the five colum	nns below.

elow. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	( <b>b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))			<u> </u>		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures			:		

Schedule C (Form 990 or 990-EZ) 2017

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NC (èlection under section 501(h)).	T file	d For	m 576	8		
_		(	a)		(b	)	
	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed cription of the lobbying activity	Yes	No		Amo		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or				1	-	
	referendum, through the use of				-	_	-
a	Volunteers?			-	-	•	
c	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?	1	<u> </u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					_	
i	Other activities?						
j	Total Add lines 1c through 1:		- 1 -			<del>.</del> ,	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1	-	-	-	-	
b	If "Yes," enter the amount of any tax incurred under section 4912		- ,				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				:	:	
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	1		
	301(0)(0).					Yes	No
	Miles and attack to the all (000) and access decay and a condition by many bare 0				1		X
1	Were substantially all (90% or more) dues received nondeductible by members?					х	<del> </del>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		х
Da	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members	_		1			
			 of	- 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	นแเธ	OI.				
_				2a			
a	Current year			2b			
D	Carryover from last year			2c			
C	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible			4			
5	and political expenditure next year?	· · ·	 	5			
Pa	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	ed gro	up list	t), Part	II-A, lı	nes 1	1 and
2 (s	ee instructions), and Part II-B, line 1 Also, complete this part for any additional information						
					_		

Page 4

Schedule C (Form 990 or 990-EZ) 2017

Part IV Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	e or the organization		22-3075802
_	4 EXCHANGE, INC.	and Friends on Other Similar Friends on	
Pa	organizations Maintaining Donor Advi		Accounts.
	Complete if the organization answered		(b) Funds and other accounts
	•	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or for a	
	conferring impermissible private benefit?		Yes _ No
Pa	rt II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e g , recr	eation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified t	nistoric structure included in (a)	2c
d	Number of conservation easements included in (c	acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or termin	ated by the organization during the
	tax year ▶	-	
4	Number of states where property subject to conse	vation easement is located	
5	Does the organization have a written policy reg		on, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing co	onservation easements during the year
	<b>▶</b> \$	<u> </u>	-
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and	i expense statement, and
•	balance sheet, and include, if applicable, the text of	f the footnote to the organization's financi	al statements that describes the
	organization's accounting for conservation easemen		
Pá	rt III Organizations Maintaining Collections		Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its i	revenue statement and balance shee
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, edu	cation, or research in furtherance of
_	public service, provide, in Part XIII, the text of the fo	othore to its financial statements that des	CHOES these items
b	If the organization elected, as permitted under S	SHAS 116 (ASC 958), to report in its re	evenue statement and balance shee
	works of art, historical treasures, or other similar public service, provide the following amounts relations	ii assets neid for public exhibition, educ	cation, or research in futurerance of
	(i) Revenue included on Form 990, Part VIII, line 1	ng to these items	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
•	If the organization received or held works of ar	t biotograph transpires or other similar	essets for financial dain provide the
2			
_	following amounts required to be reported under Significant Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part Y		• • • • • • • • • • • • • • • • • • • •

Sche	dule D (Form 990) 2017										age Z
Pai	t III Organizations Maintaini										
3	Using the organization's acquisition	on, accession, and o	other record	s, check	any of th	ne follow	ring that are a	a sigr	nificant u	se o	fits
	collection items (check all that app	ly)									
а	Public exhibition		d 🗌	Loan o	r exchang	e progra	ms				
b	Scholarly research		e 🗔	Other	·	. •					
C	Preservation for future gene	rations	نے ۔	•	-						_
4	Provide a description of the organ		and explain	n how t	hev furthe	r the or	ganization's ex	xempt	t purpose	e in l	Part
7	XIII	11124110110 001100110110	and explain		noy rantino		gaa		. рапрос		
_	During the year, did the organization	an collect or receive o	lanations of	art biete	orical trace	ures or	other similar				
5	<u> </u>							Г	Yes		No
	assets to be sold to raise funds rath		anieu as part	or the c	nganizatio	i s collec		<u> </u>	1165		NO
Pai	t IV Escrow and Custodial Ar		-!!	000 Da	-+ I\ / Iin a	0 05 50	norted on on	00UD	ton For	~	
	Complete if the organizat	ion answered Te	s on Form	990, Pa	art iv, ime	9, 01 16	ported an an	louii	l Oli Foli	11	
	990, Part X, line 21.						<del></del>				
1a	Is the organization an agent, truste							۳-	<del>_</del>		1
	included on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the follo	wing tab	ele						
					L		Amo	unt		_	
С	Beginning balance	. <i></i>			10	: [					
						ı					
е	Distributions during the year					, [					
f	Ending balance										
2a							account liability	12	Yes		No
	If "Yes," explain the arrangement i								_		
	t V Endowment Funds.							<u></u>		-	
ı u	Complete if the organizat	on answered "Yes	s" on Form	990. Pa	art IV. line	10.					
	Complete il tilo organizati	(a) Current year	(b) Prior		(c) Two ye		(d) Three years	back	(e) Four	ears b	oack
		799,852.		,441.		3,078.	462,1			_	184
1 a	Beginning of year balance	200,000.		,000.		2,000.	175,0				000
b	Contributions	200,000.	100	,000.		2,000.	175,0			<del>50,</del>	
С	Net investment earnings, gains,	10 212	۸ ا	411		4 627		35.			959
	and losses	10,312.	4	,411.		4,637.	3	,33.			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	1,010,164.	799	,852.	69	5,441.	638,0	78.	4	62,	143
2	Provide the estimated percentage	of the current year	end balance	(line 1a.	column (a)	) held as					
a	Board designated or quasi-endown	nent > 100.000	) %	(	<b>,</b> , , , , , , , , , , , , , , , , , ,	,					
b	Permanent endowment ▶		_								
С	Temporarily restricted endowment										
_	The percentages on lines 2a, 2b, a		100%								
3a	Are there endowment funds not in			on that	are held a	nd admı	nistered for the				
Vu.	organization by	(1.0 p0000001011 01 11							[S	'es	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)	1	Х
L	If "Yes" on line 3a(ii), are the relations.								3b		
		•	•						20	!	
4	Describe in Part XIII the intended in		tion's endow	ment tur	105						
Pa	t VI Land, Buildings, and Equ Complete if the organiza	ipment. ition answered "Ye	s" on Form	990. P	art IV. line	e 11a. S	ee Form 990	). Par	rt X. line	10	
	Description of property	(a) Cost or			r other basis		cumulated		) Book valu		
		` (inves	tment)		ther)	dep	eciation				
1 a						7.35					
b	Buildings										
C	Leasehold improvements										
d	Equipment	[									
е	Other										
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	n 990 Part X	C column	(B) line 1	(Oc.)	•				

	-
D	•

•			art IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financi	al derivatives		
2) Closely	-held equity interests		
3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990, P	art IV, line 11c. See Form 990, Part X, line 13
_	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered	l "Yes" on Form 990, P	art IV, line 11d. See Form 990, Part X, line 15
	(a) De	scription	(b) Book value
_			T:
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B) I	ine 15)	
(2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities.		art IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt	Other Liabilities. Complete if the organization answered line 25.	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X	Other Liabilities. Complete if the organization answered line 25.	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation of the columnation	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colt Part X  (1) Feder (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Color Part X  (1) Feder (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	
(5) (6) (7) (8) (9) Total. (Color Part X (1) Feder (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Color Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Color Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	i "Yes" on Form 990, P	

n-	_	_	1
ra	О	е	-

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	3,966,758.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	29,676.		
b	- · · · · · · · · · · · · · · · · · · ·		
c			
d			
e		2e	29,676.
3	Subtract line 2e from line 1	3	3,937,082.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	10.271		
b		, -	
C		4c	10,271.
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,947,353.
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	rn.	
1	Total expenses and losses per audited financial statements	1	3,770,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, " <u>"</u> " =-	
а	22		
b		_	
c	Other losses		
d		· .	
е		2e	
3	Subtract line 2e from line 1	3	3,770,778.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	-	
а		-	
b	4b	٠	40.074
C	Add lines 4a and 4b	4c	10,271.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,781,049.
Provi 2, Pa	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.  T. V. – LINE 4	art V, lir nation	ne 4, Part X, line
RES	ERVE FUND:		
то	HELP SUPPORT EXPENSES DURING ANY UNANTICIPATED ECONOMIC DOWNTURNS.		<del></del>
		<del></del>	

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990)

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

	www.irs.gov/Form990 for the latest information.
ż	latest
Ď	÷
	for
ĭ	066
Attach to Form 990.	-orm
. Atta	dov/F
<b>\</b>	Ž
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OMB No 1545-0047	2017
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Open to Public

Employer identification number 22-3075802 ■ Go to ww General Information on Grants and Assistance INC. Department of the Treasury Internal Revenue Service 7X24 EXCHANGE, Name of the organization

Partl

u	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	٢
=	the selection criteria used to award the grants or assistance?	ŝ
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
art.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

or government		(c) INC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALL HANDS VOLUNTEERS, INC.							
6 COUNTRY ROAD MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	10,000.				GENERAL PURPOSE
(2)	. 1						,
(3)							
(4)							
(5)					-		
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
		:					
(12)							
				_			

3 Enter total number of other organizations listed in the line 1 table.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

JSA 7E1288 1 000 K4H00Z M261

Page 2

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

	source condo les compandes on the little of					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
က						
4						
ro.						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	information re	quired in Part I,	line 2, Part III, c	olumn (b), and any o	ther additional

- LINE 2 PART I THE 7X24 BOARD EVALUATES REQUESTS FOR GRANT FUNDING ON A CASE BY CASE

BASIS.

### **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

7X24 EXCHANGE, INC.

Employer identification number 22-3075802

'Par	Questions Regarding Compensation			·
	,		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			2
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete, Part III to			
2	explain	1b		a service
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	金の大学で	Chr. British	Silvers, and
	1a?	2		
•	Indicate which, if any, of the following the filing organization used to establish the compensation of the	7928	1442	
3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			鏈
	Independent compensation consultant Compensation survey or study		桑	
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No American and	X
	If "Yes" to any of lines,4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of.	4000		274
a	The organization?	5a		
b	Any related organization?	5b	THE PER	Party.
c	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
•	The organization?	6a	<u> </u>	
a h	Any related organization?	6b	-	
b	If "Yes" on line 6a or 6b, describe in Part III		<b>5</b>	AND THE
7	·			是建
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	] ]		
	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	476		
_	Pagulations section 53 4058 6(c)2			

7X24 EXCHANGE, INC.

22-3075802

Page 2

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Illuividual								
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	in column (B) reported as deferred on pnor Form 990
	ε	200,000.	74,000.	0.	0	0	274,000.	0
1CHAIRMAN OF THE BOARD	(E)	0	0	0.			0	
	ε							
2	€							
	ε							
3	<b>®</b>							
	(:)							
4	<b>(E)</b>							
	Ξ							
5	€							
	(1)							
9	€							1
	€							
7	€							
	ε							
8	(ii)							
	€							
6	Ξ							
	ε							
10	Ξ							
	ε							
11	€							
	Ξ							
12	€							
	Ξ							
13	(E)							
	ε							
14	€							
	€							
15	Ξ							
	ε							
16	Ξ							

Schedule J (Form 990) 2017

Page 3

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2017

### 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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

22-3075802

Name of the organization

7X24 EXCHANGE, INC.

PART VI, SECTION A - QUESTION 3

DOLCI MANAGEMENT SERVICES, INC. PROVIDES ADMINISTRATIVE SERVICES TO THE ORGANIZATION. BUSINESS INFORMATION SERVICES, INC. PROVIDES A CHIEF EXECUTIVE OFFICER FOR THE ORGANIZATION.

PART VI, SECTION A - QUESTION 6

7X24 EXCHANGE, INC. (THE "EXCHANGE") WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

PART VI, SECTION A - QUESTION 7A

THE MEMBERS ELECT THE GOVERNING BODY THROUGH AN ANNUAL BALLOT PROCESS.

PART VI, SECTION A - QUESTION 8B

THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, SECTION B - QUESTION 11B

THE FORM 990 WAS PRESENTED TO THE CHAIRMAN OF THE BOARD FOR REVIEW PRIOR TO FILING.

PART VI, SECTION C - QUESTION 19

THE EXCHANGE DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Employer identification number 22-3075802

PART VII, SECTION A - LINE 1A

DURING APRIL 2011, THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH BUSINESS INFORMATION SERVICES, INC. TO PROVIDE A CHIEF EXECUTIVE OFFICER AT AN ANNUAL FEE OF \$200,000 DUE IN EQUAL MONTHLY INSTALLMENTS. THIS AGREEMENT AUTOMATICALLY RENEWS FOR SUCCESSIVE ONE YEAR TERMS UPON THE COMPLETION OF THE ANNUAL ELECTION OF OFFICERS. ROBERT J. CASSILIANO, CHAIRMAN OF THE BOARD OF THE ORGANIZATION, MANAGES BUSINESS INFORMATION SERVICES, INC. THE AMOUNT PAID TO BUSINESS INFORMATION SERVICES, INC. IN THE CALENDAR YEAR ENDED DECEMBER 31, 2017 WAS \$274,000.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

ADMINISTRATION

299,600.

DOLCI MANAGEMENT SERVICES, INC. 322 EIGHTH AVE, SUITE 702, NEW YORK, NY 10001