

Click on the question-mark icons to display help windows
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

OMB No 1545-1150

2017

Open to Public
Inspection

Form 990-EZ

Short 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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning July 1, 2017, and ending June 30, 2018

B Check if applicable	C Name of organization hd The Exchange Club of Wythe	D Employer identification number hd 540898902
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) hd P.O. Box 8127	E Telephone number 7578698123
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Hampton, VA 23669-8127	F Group Exemption Number ► hd
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method Cash Accrual Other (specify) ►

I Website: ►

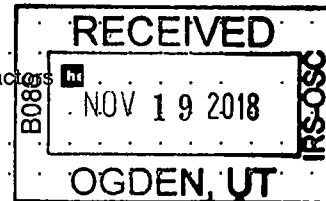
J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

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

	Revenue	Expenses	Net Assets
1	Contributions, gifts, grants, and similar amounts received	1	1700
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	9602
4	Investment income	4	674
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	49416
c	Less direct expenses from gaming and fundraising events	6c	26641
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	22775
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	
10	Grants and similar amounts paid (list in Schedule O)	10	26135
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits hd	12	
13	Professional fees and other payments to independent contractors hd	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	49
16	Other expenses (describe in Schedule O) hd	16	13298
17	Total expenses. Add lines 10 through 16	17	39482
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4731)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	72498
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	67767



(9)

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	70257	22 67767
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	70257	25 67767
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70257	27 67767

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 5 Students (Grants \$ 10,000) If this amount includes foreign grants, check here 28a 10000 **29 Service to Community Grantee, Christmas Baskets for 20 Families, Cash Grant** (Grants \$ 1,800) If this amount includes foreign grants, check here 29a 1800 **30 Service to Community, Grantee, After Prom Party, Cash Grant to 4 High Schools** (Grants \$ 2,000) If this amount includes foreign grants, check here 30a 2000 **31 Other program services (describe in Schedule O)** (Grants \$) If this amount includes foreign grants, check here 31a 25633 **32 Total program service expenses (add lines 28a through 31a)**32 39433 **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

<input checked="" type="checkbox"/> (a) Name and title	(b) Average hours per week devoted to position	<input checked="" type="checkbox"/> (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	<input checked="" type="checkbox"/> (d) Health benefits, contributions to employee benefit plans, and deferred compensation	<input checked="" type="checkbox"/> (e) Estimated amount of other compensation
Matthew Hattman President	20	0	0	0
Michael Schetting President-Elect	10	0	0	0
Amber Hodges Secretary	10	0	0	0
James Puckett Treasurer	10	0	0	0
William Trimble Immediate Past President	10	0	0	0
Richard Dietz Director	1	0	0	0
Doug Gray Director	1	0	0	0
Bob Gurley Director	1	0	0	0
Pat Garvey Director	1	0	0	0
David Dudek Director	1	0	0	0
Vickie Servais Director	1	0	0	0

061

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

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)

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)?

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

b Did the organization file Form 1120-POL for this year?

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?

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

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9 39a

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

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

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

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

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

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

	Yes	No
33	✓	
34	✓	
35a	✓	
35b	✓	
35c	✓	
36	✓	
37a		0
37b	✓	
38a	✓	
38b		
39a		
39b		
40b	✓	
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed ► OH

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

	Yes	No
42b	✓	
42c	✓	

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).

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 ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

	Yes	No
44a	✓	
44b	✓	
44c	✓	
44d	✓	
45a	✓	
45b		✓

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

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

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

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

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

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)

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		✓

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

Yes **No**

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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		
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."			

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 he	 Signature of officer		13 NOV 18 Date		
	 James E 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					

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

**SCHEDULE O
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018Open to Public
InspectionName 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: \$549
2. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Youth, Grantee: Scholarships, Cash Grant to 6 individuals: \$10000
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: \$1105
4. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: After Prom Party, Cash Grant to 4 High Schools: \$200
5. 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: \$850
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/Flying the Flag: \$207
8. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Americanism, Grantee: Freedom Shrine Maintenance: \$505
9. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Special Projects, Cash Grant: \$575
10. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Book of Golden Deeds, Cash Grant: \$212
11. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Christmas Baskets - 20 Families, Cash Grant: \$1800
12. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Crime Prevention Banquet, Cash Grant: \$2677
13. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Fire Prevention Banquet, Cash Grant: \$1363
14. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Prevention of Child Abuse, Cash Grant: \$384
15. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Senior Citizen Activities, Cash Grant: \$870
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: \$1363
18. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Mayor's Book Club, Cash Grant: \$875
19. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Start New Exchange Clubs, Cash Grant: \$200
20. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: NEC Foundation, Cash Grant: \$1000
21. Form 990-EZ, Part III, Line 16, Other Expenses: Supplies: 84
22. Form 990-EZ, Part III, Line 16, Other Expenses: Misc Expenses (Fees, Ramps, PO Box, Etc): 299
23. Form 990-EZ, Part III, Line 16, Other Expenses: National and District Dues: \$3534

Name of the organization

The Exchange Club of Wythe

Employer identification number

54-0898902

24. Form 990-EZ, Part III, Line 16, Other Expenses: Conferences, Conventions and Meetings. \$9004

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 for instructions and the latest information.

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2018Open to Public
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Name of the organization

The Exchange Club of Wythe

Employer 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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						
Total						

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	9546	39870		49416
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	9546	39870		49416
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		900		900
	7 Food and beverages	1134	222		1356
	8 Entertainment				
	9 Other direct expenses	925	23460		24385
	10 Direct expense summary. Add lines 4 through 9 in column (d)				26641
	11 Net income summary. Subtract line 10 from line 3, column (d)				22775

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 _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %
 b An outside facility 13b %

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
