

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

Short Form

Form **990-EZ**

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

C Name of organization **ht**
The Exchange Club of Wythe
 Number and street (or P.O. box, if mail is not delivered to street address) **ht** Room/suite
P.O. Box 8127
 City or town, state or province, country, and ZIP or foreign postal code
Hampton, VA 23669-8127

D Employer identification number **ht**
540898902

E Telephone number
7578698123

F Group Exemption Number ▶ **ht**

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **ht**

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2017)

19

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 ☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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.

28 Service to Youth - Scholarships and Awards, Cash to 5 Students		
(Grants \$ 10,000) If this amount includes foreign grants, check here <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	30a	2000
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Matthew 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

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 ☐

	Yes	No
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
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	40b	<input checked="" type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
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		
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	42b	<input checked="" type="checkbox"/>
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	42c	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

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

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

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

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

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

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

	Yes	No
47		
48		
49a		
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

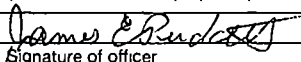
d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here


Signature of officer
James E. Puckett, Treasurer
Type or print name and title

13 NOV 18
Date

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		Phone no	
Firm's address				

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

2018

**Open to Public
Inspection**

Name of the organization

The Exchange Club of Wythe

Employer 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: \$2000
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.

OMB No 1545-0047

2018

Open to Public
Inspection

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? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
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.