

2019

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)

Open to Public
Inspection

SCANNED DEC 1 2021

Department of the Treasury
Internal Revenue Service

- 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.

A For the 2019 calendar year, or tax year beginning		July 1	, 2019, and ending	June 30	, 20 20
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization The Exchange Club of Wythe Number and street (or P O box if mail is not delivered to street address) P.O. Box 8127 City or town, state or province, country, and ZIP or foreign postal code Hampton, VA 23666-8127		D Employer identification number 54-0898902 E Telephone number 757-869-8123 F Group Exemption Number ► 0A	
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► _____					
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (4) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ _____	

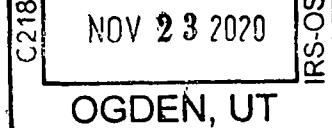
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 2,580
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 8,456
	4 Investment income	4 854
	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 \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 42,147
	c Less: direct expenses from gaming and fundraising events	6c 23,441
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 18,706
	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 30,596
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 23,792
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 0
	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 0
	15 Printing, publications, postage, and shipping	15 620
	16 Other expenses (describe in Schedule O)	16 9,509
	17 Total expenses. Add lines 10 through 16	17 33,921
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -3,325
	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 62,730
	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 59,405

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2019)



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 <input type="checkbox"/>		
		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	62,730	22	59,405
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	62,730	25	59,405
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)	62,730	27	59,405
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 <input checked="" type="checkbox"/>		
What is the organization's primary exempt purpose?				
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 ► <input type="checkbox"/>	28a	10,000	
29	Service to Community, Grantee: Crime Prevention Banquet			
	(Grants \$ 2,529) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	2,529	
30	Service to Community, Grantee: Christmas Baskets-25 Families, Cash Grant			
	(Grants \$ 1,375) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	1,375	
31	Other program services (describe in Schedule O)			
	(Grants \$ 9,888) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	9,888	
32	Total program service expenses (add lines 28a through 31a)			32 23,792
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 type="checkbox"/>		
(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
Philip Everhart, Jr.				
President	10	0	0	0
James Puckett				
Treasurer	10	0	0	0
Amber Hodges				
Secretary	10	0	0	0
Michael Schetting				
Immediate Past President	10	0	0	0
Bob Gurley				
Director	1	0	0	0
Joyce Peacock				
Director	1	0	0	0
Candi Williams				
Director	1	0	0	0
Andy Bigelow				
Director	1	0	0	0
Tom O'Bryan				
Director	1	0	0	0
Richard Dietz				
Director	1	0	0	0

40

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 33

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

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

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 35b

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 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

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

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

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

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 ► _____ 40b

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 40c

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 40d

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

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

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

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

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). 42c

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

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

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

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

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

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

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

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. 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	<p>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."</p> <table border="1"> <thead> <tr> <th data-bbox="280 1135 819 1135">(a) Name and business address of each independent contractor</th><th data-bbox="819 1135 1186 1135">(b) Type of service</th><th data-bbox="1186 1135 1392 1135">(c) Compensation</th></tr> </thead> <tbody> <tr> <td data-bbox="280 1135 819 1146"></td><td data-bbox="819 1135 1186 1146"></td><td data-bbox="1186 1135 1392 1146"></td></tr> <tr> <td data-bbox="280 1146 819 1156"></td><td data-bbox="819 1146 1186 1156"></td><td data-bbox="1186 1146 1392 1156"></td></tr> <tr> <td data-bbox="280 1156 819 1169"></td><td data-bbox="819 1156 1186 1169"></td><td data-bbox="1186 1156 1392 1169"></td></tr> <tr> <td data-bbox="280 1169 819 1180"></td><td data-bbox="819 1169 1186 1180"></td><td data-bbox="1186 1169 1392 1180"></td></tr> <tr> <td data-bbox="280 1180 819 1190"></td><td data-bbox="819 1180 1186 1190"></td><td data-bbox="1186 1180 1392 1190"></td></tr> <tr> <td data-bbox="280 1190 819 1203"></td><td data-bbox="819 1190 1186 1203"></td><td data-bbox="1186 1190 1392 1203"></td></tr> <tr> <td data-bbox="280 1203 819 1214"></td><td data-bbox="819 1203 1186 1214"></td><td data-bbox="1186 1203 1392 1214"></td></tr> <tr> <td data-bbox="280 1214 819 1226"></td><td data-bbox="819 1214 1186 1226"></td><td data-bbox="1186 1214 1392 1226"></td></tr> <tr> <td data-bbox="280 1226 819 1237"></td><td data-bbox="819 1226 1186 1237"></td><td data-bbox="1186 1226 1392 1237"></td></tr> <tr> <td data-bbox="280 1237 819 1247"></td><td data-bbox="819 1237 1186 1247"></td><td data-bbox="1186 1237 1392 1247"></td></tr> <tr> <td data-bbox="280 1247 819 1260"></td><td data-bbox="819 1247 1186 1260"></td><td data-bbox="1186 1247 1392 1260"></td></tr> <tr> <td data-bbox="280 1260 819 1271"></td><td data-bbox="819 1260 1186 1271"></td><td data-bbox="1186 1260 1392 1271"></td></tr> <tr> <td data-bbox="280 1271 819 1283"></td><td data-bbox="819 1271 1186 1283"></td><td data-bbox="1186 1271 1392 1283"></td></tr> <tr> <td data-bbox="280 1283 819 1294"></td><td data-bbox="819 1283 1186 1294"></td><td data-bbox="1186 1283 1392 1294"></td></tr> <tr> <td data-bbox="280 1294 819 1304"></td><td data-bbox="819 1294 1186 1304"></td><td data-bbox="1186 1294 1392 1304"></td></tr> <tr> <td data-bbox="280 1304 819 1317"></td><td data-bbox="819 1304 1186 1317"></td><td data-bbox="1186 1304 1392 1317"></td></tr> <tr> <td data-bbox="280 1317 819 1328"></td><td data-bbox="819 1317 1186 1328"></td><td data-bbox="1186 1317 1392 1328"></td></tr> <tr> <td data-bbox="280 1328 819 1340"></td><td data-bbox="819 1328 1186 1340"></td><td data-bbox="1186 1328 1392 1340"></td></tr> <tr> <td data-bbox="280 1340 819 1351"></td><td data-bbox="819 1340 1186 1351"></td><td data-bbox="1186 1340 1392 1351"></td></tr> <tr> <td data-bbox="280 1351 819 1362"></td><td data-bbox="819 1351 1186 1362"></td><td data-bbox="1186 1351 1392 1362"></td></tr> <tr> <td data-bbox="280 1362 819 1374"></td><td data-bbox="819 1362 1186 1374"></td><td data-bbox="1186 1362 1392 1374"></td></tr> <tr> <td data-bbox="280 1374 819 1385"></td><td data-bbox="819 1374 1186 1385"></td><td data-bbox="1186 1374 1392 1385"></td></tr> <tr> <td data-bbox="280 1385 819 1398"></td><td data-bbox="819 1385 1186 1398"></td><td data-bbox="1186 1385 1392 1398"></td></tr> <tr> <td data-bbox="280 1398 819 1408"></td><td data-bbox="819 1398 1186 1408"></td><td data-bbox="1186 1398 1392 1408"></td></tr> <tr> <td data-bbox="280 1408 819 1419"></td><td data-bbox="819 1408 1186 1419"></td><td data-bbox="1186 1408 1392 1419"></td></tr> <tr> <td data-bbox="280 1419 819 1431"></td><td data-bbox="819 1419 1186 1431"></td><td data-bbox="1186 1419 1392 1431"></td></tr> <tr> <td data-bbox="280 1431 819 1442"></td><td data-bbox="819 1431 1186 1442"></td><td data-bbox="1186 1431 1392 1442"></td></tr> <tr> <td data-bbox="280 1442 819 1455"></td><td data-bbox="819 1442 1186 1455"></td><td data-bbox="1186 1442 1392 1455"></td></tr> <tr> <td data-bbox="280 1455 819 1465"></td><td data-bbox="819 1455 1186 1465"></td><td data-bbox="1186 1455 1392 1465"></td></tr> <tr> <td data-bbox="280 1465 819 1476"></td><td data-bbox="819 1465 1186 1476"></td><td data-bbox="1186 1465 1392 1476"></td></tr> </tbody> </table>	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																																																																																										
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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	 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

Form 990-EZ (2019)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 Mail solicitations **e** Solicitation of non-government grants
b Internet and email solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
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 Jamboree (event type)	(b) Event #2 Christmas Tree Sale (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	8,989	33,158		42,147
	2 Less: Contributions	0	0		0
	3 Gross income (line 1 minus line 2)	8,989	33,158		42,147
Direct Expenses	4 Cash prizes	0	0		0
	5 Noncash prizes	0	0		0
	6 Rent/facility costs	504	750		1,254
	7 Food and beverages	1,469	169		1,638
	8 Entertainment	0	0		0
	9 Other direct expenses	588	19,961		20,549
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 23,441
	11 Net income summary. Subtract line 10 from line 3, column (d)				► 18,706

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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 \$627
2. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Youth, Grantee: Scholarships, Grant to 5 Youth: \$10,000
3. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Youth, Grantee: Youth of Month & Youth of Yr, Cash Grant to 1 Youth: \$550
4. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Youth, Grantee: Sleep in Heavenly Peace, Cash Grant for beds: \$400
5. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: New Freedom Shrine: \$1937
6. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Americanism: Cash Grant to Heroes to Heroes: \$500
7. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: One Nation Under God: Cash Grant: \$88
8. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Give a Kid a Flag: \$117
9. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Special Projects: \$457
10. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Book of Golden Deeds \$203
11. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Christmas Baskets - 25 Families, Cash Grant: \$1775
12. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Crime Prevention Banquet, Cash Grant: \$2529
13. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Fire Prevention Banquet, Cash Grant: \$1071
14. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Prevention of Child Abuse, Cash Grant: \$1000
15. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Senior Citizen Activities, Cash Grant: \$710
16. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Sheriff's Appreciation Banquet, Cash Grant: 578
17. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Mayor's Book Club, Cash Grant: \$800
18. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Start New Exchange Club, Cash Grant: \$200
19. Form 990-EZ, Part III, Line 10, Grants Paid: Activity: Service to Community, Grantee: Trailer Maintenance, Cash Grant: \$250
20. Form 990-EZ, Part III, Line 16, Other Expenses: Supplies: \$27
21. Form 990-EZ, Part III, Line 16, Other Expenses: Misc Expenses (Fee, Ramps, P.O. Box, Etc.): \$319
22. Form 990-EZ, Part III, Line 16, Other Expenses: National and District Dues: \$3332
23. Form 990-EZ, Part III, Line 16, Other Expenses: Conferences, Conventions and Meetings: \$5831

Name of the organization	Employer identification number