

Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

**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.  
Information about Form 990-EZ and its instructions is at [www.irs.gov/form990ez](http://www.irs.gov/form990ez).

OMB No 1545-1150  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- B** Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization: Exchange Club of Fort Worth Texas
% JANET CULBERTSON
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 6801 Briarwood Drive
City or town, state or province, country, and ZIP or foreign postal code: Fort Worth, TX 76132

**D** Employer identification number: 23-7006922
**E** Telephone number: (817) 480-1060
**F** Group Exemption Number

**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)

**I** Website: None

**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. \$ 194,918

**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

Table with 21 rows and 2 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-21 are Net Assets. Total revenue is 194,918 and total expenses is 194,610. Net assets at end of year is 39,671.



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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 33: 33, Yes, No

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) . . . . .

Table with 3 columns: Question ID, Yes, No. Row 34: 34, Yes, No

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)? . . . . .

Table with 3 columns: Question ID, Yes, No. Row 35a: 35a, Yes, No

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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 35b: 35b, Yes, No

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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 35c: 35c, Yes, No

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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 36: 36, Yes, No

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

37a

Table with 3 columns: Question ID, Yes, No. Row 37a: 37a, Yes, No

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

Table with 3 columns: Question ID, Yes, No. Row 37b: 37b, Yes, No

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? . . . . .

Table with 3 columns: Question ID, Yes, No. Row 38a: 38a, Yes, No

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

38b 0

Table with 3 columns: Question ID, Yes, No. Row 38b: 38b, Yes, No

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

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

39a 0

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

39b 0

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0 . . . . .

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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 40b: 40b, Yes, No

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 ▶ 0 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 40c: 40c, Yes, No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 40d: 40d, Yes, No

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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 40e: 40e, Yes, No

41 List the states with which a copy of this return is filed ▶ . . . . .

42a The organization's books are in care of ▶ JANET CULBERTSON Telephone no ▶ (817) 602-8893 Located at ▶ PO BOX 4451 Fort Worth, TX ZIP + 4 ▶ 76164

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)? . . . . .

Table with 3 columns: Question ID, Yes, No. Row 42b: 42b, Yes, No

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 U S ? . . . . .

Table with 3 columns: Question ID, Yes, No. Row 42c: 42c, Yes, No

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

Table with 3 columns: Question ID, Yes, No. Row 44a: 44a, Yes, No

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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 44b: 44b, Yes, No

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

Table with 3 columns: Question ID, Yes, No. Row 44c: 44c, Yes, No

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 . . . . .

Table with 3 columns: Question ID, Yes, No. Row 44d: 44d, Yes, No

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

Table with 3 columns: Question ID, Yes, No. Row 45a: 45a, Yes, No

45b 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) . . . . .

Table with 3 columns: Question ID, Yes, No. Row 45b: 45b, Yes, No

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 No

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 . . . . . 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

Table with 5 columns: (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 "

Table with 3 columns: (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: HUCK NEWBERRY Vice-President
Date: 2018-11-06

Paid Preparer Use Only Print/Type preparer's name: Alison Williams
Preparer's signature:
Date:
Check if self-employed:
PTIN: P00509585
Firm's name: BKD LLP
Firm's EIN:
Firm's address: 3200 Riverfront Drive Suite 200, Fort Worth, TX 76107
Phone no: (817) 332-2301

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7006922

**Name:** Exchange Club of Fort Worth Texas

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p><b>28</b></p> <p>The organization holds various activities promoting social welfare in the community including fund raising for the Goodfellow Fund, an organization which distributes Christmas gifts to needy children Fund raising includes an annual luncheon where donations are made directly to the Goodfellow Fund Because these donations go directly to the Goodfellow Fund, they are not included in the receipts and program expenses show on page 1 of this form 990EZ At the 2017 annual luncheon, approximately \$220,000 was generated in direct donations to the Goodfellow fund</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	131,682

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Neils Agather Director	1 0	0	0	0
Denny R Alexander Director	1 0	0	0	0
James E Anthony Director	1 0	0	0	0
Gordon Appleman Director	1 0	0	0	0
Frank A Bailey III Director	1 0	0	0	0
William E Bailey Director	1 0	0	0	0
Kenneth L Barr Director	1 0	0	0	0
L O Brightbill III Director	1 0	0	0	0
Robert W Brown Director	1 0	0	0	0
Jon Brumley Director	1 0	0	0	0
Carter H Burdette Director	1 0	0	0	0
Leland C Clemons Director	1 0	0	0	0
Ronald W Clinkscale Director	1 0	0	0	0
Earl R Cox III Director	1 0	0	0	0
Crawford Edwards Director	1 0	0	0	0

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<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Walker C Friedman Director	1 0	0	0	0
Leland A Hodges Director	1 0	0	0	0
Allan T Howeth Director	1 0	0	0	0
Raymond B Kelly III Director	1 0	0	0	0
Buzz Kemble Director	1 0	0	0	0
W A Landreth Jr Director	1 0	0	0	0
Obie Paul Leonard Jr Director	1 0	0	0	0
Timothy W McKinney Director	1 0	0	0	0
Michael Moncrief Director	1 0	0	0	0
Wade T Nowlin Director	1 0	0	0	0
Breck Ray Director	1 0	0	0	0
Paul R Ray Jr Director	1 0	0	0	0
John V Roach Director	1 0	0	0	0
John H Robinson Director	1 0	0	0	0
Earle A Shields Jr Director	1 0	0	0	0

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Warren W Shipman III Director	1 0	3,600	0	0
John R Thompson Jr Director	1 0	0	0	0
David F Thornton Director	1 0	0	0	0
Rice M Tilley Jr Director	1 0	0	0	0
William E Tucker Director	1 0	0	0	0
Wesley R Turner Director	1 0	0	0	0
W R Watt JR Director	1 0	0	0	0
Raymond G Dickerson President	10 0	0	0	0
Dee J Kelly Jr Chairman	1 0	0	0	0
Huck Newberry Vice-President	1 0	0	0	0



**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.

▶ Attach to Form 990 or 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Exchange Club of Fort Worth Texas

Employer identification number

23-7006922

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10, Payments to Affiliates	Affiliate Name The National Exchange Club Affiliate Address 3050 Central Avenue Toledo, OH 43606 Purpose of Payment National Dues Amount of Payment 12,300 Affiliate Name Texas District Exchange Clubs Affiliated Address 302 Coryell City Road Gatesville, TX 76528 Purpose of Payment State Dues Amount of Payment 4,440

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description BANK FEES Amount 1060

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description INSURANCE Amount 3071

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description CHRISTMAS FUNCTION Amount 39810

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description GOLDEN DEEDS Amount 49949

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description LUNCHEONS Amount 21979

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description OUTINGS Amount 13175

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description MISCELLANEOUS Amount 30