

Form **990EZ**  
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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- 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

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: ▶ N/A

**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. ▶ \$ 197,029

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>11</b>	Benefits paid to or for members	<b>19</b>	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)
<b>3</b>	Membership dues and assessments	<b>12</b>	Salaries, other compensation, and employee benefits	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)
<b>4</b>	Investment income	<b>13</b>	Professional fees and other payments to independent contractors	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>14</b>	Occupancy, rent, utilities, and maintenance		
<b>5b</b>	Less cost or other basis and sales expenses	<b>15</b>	Printing, publications, postage, and shipping		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>16</b>	Other expenses (describe in Schedule O)		
<b>6</b>	Gaming and fundraising events	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)				
<b>6b</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)				
<b>6c</b>	Less direct expenses from gaming and fundraising events				
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
<b>7a</b>	Gross sales of inventory, less returns and allowances				
<b>7b</b>	Less cost of goods sold				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
<b>8</b>	Other revenue (describe in Schedule O)				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

**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
<b>22</b> Cash, savings, and investments . . . . .	39,671	<b>22</b> 58,052
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	39,671	<b>25</b> 58,052
<b>26 Total liabilities</b> (describe in Schedule O). . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	39,671	<b>27</b> 58,052

**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?  
 The Exchange Club of Fort Worth was organized to provide broad community services, fellowship, exchange of ideas, and intermingling among its members

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** See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>		<b>29a</b>
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>30</b>		<b>30a</b>
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b> 131,393

**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
OP NEWBERRY III CHAIRMAN/PRES	10 00	0		
JAMES R GREEN PRESIDENT/VP	10 00	0		
PETE GEREN Vice President	1 00	0		
RANDY ROGERS Vice President	1 00	0		
TIMOTHY MCKINNEY Treasurer	1 00	0		
JANET CULBERTSON Secretary	1 00	0		
SCOTT M KLEBERG Vice President	1 00	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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

		<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>		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 . . . . .

		<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

**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
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
NONE		

**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.

***** Signature of officer	2019-06-07 Date
OP NEWBERRY III CHAIRMAN/PRES Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Kimberly D Crawford	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00446484
	Firm's name ▶ Sutton Frost Cary LLP			Firm's EIN ▶ 75-2593210	
	Firm's address ▶ 600 Six Flags Dr Suite 600 Arlington, TX 76011			Phone no (817) 649-8083	

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

**Additional Data**

**Software ID:** 18007218  
**Software Version:** 2018v3.1  
**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>            THE ORGANIZATION HOLDS VARIOUS ACTIVITIES PROMOTING SOCIAL WELFARE IN THE COMMUNITY INCLUDING FUNDRAISING FOR THE GOODFELLOW FUND, AN ORGANIZATION WHICH DISTRIBUTES CHRISTMAS GIFTS TO NEEDY CHILDREN FUNDRAISING 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 SHOWN ON PAGE ONE OF THIS FORM 990EZ AT THE 2018 ANNUAL LUNCHEON, APPROXIMATELY \$301,000 WAS GENERATED IN DIRECT DONATIONS TO THE GOODFELLOW FUND</p> <p>(Grants \$ 131,393)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<b>28a</b>	

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

EXCHANGE CLUB OF FORT WORTH TEXAS

Employer identification number

23-7006922

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1012	Insurance \$1293

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 1	CHRISTMAS PARTY \$43267

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 2	GOLDEN DEEDS BANQUET \$41992



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 3	OUTINGS \$15316

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 4	GOODFELLOW CHARITY LUNCHEON \$14078

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 5	NATIONAL EXCHANGE CLUB DUES \$12300

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 6	BOARD MEETING EXPENSE \$6136

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 7	STATE EXCHANGE CLUB DUES \$4440

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	WEEKLY LUNCHES \$1080

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 10	BANK AND CREDIT CARD FEES \$180