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Form	₿90-EZ
Form	990-EZ

Short Form Return of Organization Exempt From Income Tax / 706 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.

2016

OMB No 1545-1150

Department of the Treasury

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

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		de Service	- mormation about 1 of the both to moraditions to at 1777 minutes				
A F	or the	2016 calend	ar year, or tax year beginning 07 - 01 , 2016, and ending			0 ,2017	
В	Check if ap	oplicable			yer ide	entification number	
<u></u>	ddress ch	nange	EXCHANGE CLUB OF METROPOLITAN CHARL 23		-7405	5704	
<u> </u>	lame char	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Teleph	Telephone number		
<u> </u>	nitial retun	n					
F	inal return	n/terminated	PO BOX 4	(8	343)437-0773		
	mended r	return	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemp	ption	
	pplication	pending	CHARLESTON, SC 29402	Numb	er 🕨		
G A	Account	ting Method:	☐ Cash ☐ Accrual Other (specify) ► H	Check▶	X if t	the organization is not	
١١						Schedule B	
<u>J</u> 1	Гах-ехе	empt status (check only one) - ☐ 501(c)(3) 🛮 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 990	, 990-E	Z, or 990-PF).	
K	orm of	organization.	☐ Corporation ☐ Trust ☐ Association ☐ Other			· ·	
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets			
(Pa	rt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ \$	63,091	
Pa	ert I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instructio	ns for	Part I)	
		Check if t	he organization used Schedule O to respond to any question in this Part I			x	
	1	Contribution	s, gifts, grants, and similar amounts received		1		
	2	Program ser	vice revenue including government fees and contracts		2		
	3	Membership	dues and assessments		3	63,091	
	4	Investment	ncome		4		
	5a	Gross amou	nt from sale of assets other than inventory				
	b	Less: cost o	r other basis and sales expenses]		
	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6		fundraising events				
	a	_	e from gaming (attach Schedule G if greater than				
- ē-							
Revenue	b	•	e from-fundraising events (not including—\$ — — of-contribution	ons	1		
Re			sing events reported on line 1) (attach Schedule G if the				
j			gross income and contributions exceeds \$15,000) . 6b				
4	С		expenses from gaming and fundraising events 6c		1		
1	l		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		1		
=		line 6c) .			6d		
Ē	7a	Gross sales	of inventory, less returns and allowances				
ì.	l	Less: cost of			1		
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8		ue (describe in Schedule O)		8		
Z	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	63,091	
N.	10	Grants and	similar amounts paid (list in Schedule O)	$\overline{3 + 4 \cdot 1}$	10	10,560	
JI 2'	11	Benefits paid	to or for members	~ \.\.	11		
ı,	12	Salaries, oth	er compensation, and employee benefits		12		
Se	13	Professional	fees and other payments to independent contractors	. لــــــــــــــــــــــــــــــــــــ	13		
Expenses	14	Occupancy,	rent, utilities, and maintenance		14		
Ä	15	Printing, publications, postage, and shipping		15			
	16	_	ses (describe in Schedule O)		16	45,648	
	17	•	ses. Add lines 10 through 16		17	56,208	
	18		eficit) for the year (Subtract line 17 from line 9)		18	6,883	
ets	19	•	r fund balances at beginning of year (from line 27, column (A)) (must agree with				
Net Assets			figure reported on prior year's return)		19	17,231	
et/	20		es in net assets or fund balances (explain in Schedule O)		20	10,467	
Z	21	_	r fund balances at end of year Combine lines 18 through 20		21	34,581	
Ear			on Act Notice see the separate instructions		· - · _	Form 990-F7 (2016)	

Form 990-EZ (2016) EXCHANGE CLUB OF METRO				23-7	7405	704 Page 2
Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to re	espond to any questio	n in this Par	<u>: II</u>		<u>. </u>	<u> </u>
			(A) Beg	inning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments		[17,231	22	34,581
23 Land and buildings				0	23	0
24 Other assets (describe in Schedule O)		[0	24	0
25 Total assets				17,231	25	34,581
26 Total liabilities (describe in Schedule O)				0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree				17,231	27	34,581
Part III Statement of Program Service Accomplishing			1 111)		1=1	
Check if the organization used Schedule O to r	· ·			🗆		Expenses
What is the organization's primary exempt purpose? PROMOTE C				<u> </u>	(Req	uired for section
					501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each of its three largest program services,						nizations, optional for
as measured by expenses. In a clear and concise manner, describ		l, the number	of		other	s)
persons benefited, and other relevant information for each program					+	
28 CIVIC CLUB ORGANIZED TO PROMOTE COMMUNIT		CTS				
INCLUDING OUR NATIONAL PROJECT, THE PREV	ENTION OF CHILD				1	
ABUSE.						
(Grants \$) If this amount	includes foreign grants,	check here	<u>.</u>	<u>▶ </u>	28a	34,633
29						}
						Ì
			_			
(Grants \$) If this amount	includes foreign grants,	check here		▶ 🔲	29a	
30						
	·····				İ	
(Grants \$) If this amount	includes foreign grants,	check here		. •	30a	
31 Other program services (describe in Schedule O)					1000	
	includes foreign grants,			_	31a	
32 Total program service expenses (add lines 28a through 31a					32	34,633
Part IV _ List of Officers, Directors, Trustees; and Key Emp		von if not oon	noncoto	id 000 tho 100		
Check if the organization used Schedule O to respon						
Check it the diganization used Schedule O to respon	nd to any question in this					
43.33	(b) Average	(c) Reportal	1	(d) Health benefits contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/109		benefit plans, an	· 1	other compensation
	devoted to position	(if not paid, e	nter -0-)	deferred compensa	ation	
ANGUS BRIGHT		1	}			
PRESIDENT	0.00	ļ	q		q	0
DAVE SEAMANS			İ		1	
VICE PRESIDENT	0.00	ļ	q		q	0
QUINN ENGLISH						
SECRETARY	0.00		d		q	0
BOB YENNYSON		1	j		1	
TREASURER	0.00	1	d		þ	0
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Form	990-F7	/2016)

EXCHANGE CLUB OF METROPOLITAN CHARL

23-7405704

Page	3

T a	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
	moradions of Fart Vy oriods if the digenization used deficulty of tespond to any question in this Fart V	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Γ'''		<u> </u>
	detailed description of each activity in Schedule O	33		Х
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		X
35 a	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		X
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,		į	l
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	Į		Į
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			1
40 a	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		X
С	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,			ĺ
	-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			ĺ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			Í
	transaction? If "Yes," complete Form 8886-T	40e		_X_
41	List the states with which a copy of this return is filed SC			
42 a	The organization's books are in care of ▶ BOB YENNYSON Telephone no ▶ 843-4	37-0	773	
	Located at ▶ PO BOX 4, CHARLESTON, SC ZIP+4 ▶ 29402	- ,		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:	1	1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		1	7.
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
40	If "Yes," enter the name of the foreign country.			<u></u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. •	L_
	and enter the amount of tax-exempt interest received or accrued during the tax year	L		
	Oddby and state at the state of	_[Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	١	.	37
	completed instead of Form 990-EZ	44a		<u>X</u> _
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	l [
	completed instead of Form 990-EZ	44b	}	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		}	ı
4-	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X_
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		1	7.7
	Form 990-EZ (see instructions)	45b		<u>X</u>

- OHR 990-E	Z (2016) EXCHANGE CLUB	OF METROPOLITAN C	HARL	23-7	405704	P	age 4
	the organization engage, directly or indirect	· · · · · · · · · · · · · · · · · · ·	ıvıtıes on behalf of or ın o	pposition		Yes	No
	candidates for public office? If "Yes," complete		<u> </u>	<u></u>	. 46		X
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		ions 47-49b and 52,	and complete the t	ables for li	nes	
	Check if the organization used So	chedule O to respond	to any question in t	hıs Part VI			
						Yes	No
	I the organization engage in lobbying activitie ar? If "Yes," complete Schedule C, Part II		_		. 47	-	
	he organization a school as described in sec				. 48		
49a Dic	t the organization make any transfers to an ex	xempt non-charitable relate	ed organization? .		49a		
	Yes," was the related organization a section 5	-			. 49b		
	mplete this table for the organization's five hig		•		•		
em	ployees) who each received more than \$100	,000 or compensation from	T				
	(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) Estimate other co		
			,				
							
f Tol	tal number of other employees paid over \$10	0,000 ▶	<u></u>		L		
51 Co	mplete this table for the organization's five hig	ghest compensated indepe	endent contractors who e	ach received more than			
\$19	00,000 of compensation from-the organization	n. If there is none, enter "N	lone."-				
	(a)-Name and business address of each independent coi	ntractor — — — —	(b) Type of service	,	c) Compensatio		
							
							-
							.
							
52 Did	tal number of other independent contractors e I the organization complete Schedule A? Not e	e: All section 501(c)(3) orga	anizations must attach a				
52 Did	the organization complete Schedule A? Not empleted Schedule A	e: All section 501(c)(3) orga	anızatıons must attach a		▶ ☐ Yes		No
52 Did cor Under pen	I the organization complete Schedule A? Not empleted Schedule A	e: All section 501(c)(3) orga	anizations must attach a	and to the best of my knowle			No
52 Did cor Under pen	the organization complete Schedule A? Not empleted Schedule A	e: All section 501(c)(3) organization of the companying in officer) is based on all informations.	anizations must attach a	and to the best of my knowle			No
52 Did cor Under pen true, correct	the organization complete Schedule A? Note impleted Schedule A	e: All section 501(c)(3) orga	anizations must attach a	and to the best of my knowle			No
52 Did cor Under pen true, correct	the organization complete Schedule A? Note impleted Schedule A	e: All section 501(c)(3) organization of the companying in officer) is based on all informations.	anizations must attach a	and to the best of my knowle ny knowledge			No
52 Did cor Under pen true, correct	the organization complete Schedule A? Note impleted Schedule A	e: All section 501(c)(3) organization of the companying in officer) is based on all informations.	anizations must attach a	and to the best of my knowledge Date			No
52 Did cor Under pen true, correct Sign Here	the organization complete Schedule A? Note impleted Schedule A	e: All section 501(c)(3) organization of the companying officer) is based on all information.	anizations must attach a schedules and statements, a ation of which preparer has a	nand to the best of my knowledge Date Check I if	edge and belief	, it is	No
52 Did cor Under pen true, correct Sign Here	the organization complete Schedule A? Note impleted Schedule A	return, including accompanying n officer) is based on all information.	anizations must attach a schedules and statements, a ation of which preparer has a	nand to the best of my knowledge Date Check I if	PTIN	, it is	No
52 Did cor Under pen	the organization complete Schedule A? Note impleted Schedule A	return, including accompanying n officer) is based on all information.	anizations must attach a schedules and statements, a ation of which preparer has a	Date Check I if self-employed	PTIN	, it is	No
52 Did cor Under pen true, correct Sign Here Paid	the organization complete Schedule A? Note impleted Schedule A	e: All section 501(c)(3) organization of the companying of the com	anizations must attach a schedules and statements, a ation of which preparer has a	Date Check I if self-employed Firm's EIN	PTIN	, it is	No

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

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OMB No 1545-0047

2016

EXCHANGE CLUB OF METROPOLITAN	23-7405704	
01. List of grants and simila	r amounts paid (Part I, line 10)	
ACTIVITY	CONTRIBUTION	
GRANTEE	WINDWOOD FARMS	
AMOUNT	10,560	
02. Description of other expe	nses (Part I, line 16)	
DESCRIPTION	AMOUNT	
NATIONAL AND STATE DUES	6,165	
INSURANCE	869	
BOARD MEETINGS	325	
ADMINISTRATIVE COSTS	958	
PATRIME		
SUPPLIES	2,698	
03. Other changes in net asse	ts or fund balances (Part I, line 20)
DESCRIPTION	AMOUNT	
PY DIFFERENCE	12,533	
CY DIFFERENCE	(2,066)	