Filing Instructions

THE EXCHANGE CLUB

Exempt Organization Tax Return

Taxable Year Ended June 30, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Cannon & Company, L.L.P.
2160 Country Club Rd
Winston-Salem, NC 27104-4208

Important: **Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.** If previously signed and returned no further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 20 18

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-1878

2017

Name of exempt organization

THE EXCHANGE CLUB

Employer identification number

58-1443692

Name and title of officer

ELIZABETH MILLER
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	1,734,116
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CANNON & COMPANY, L.L.P. to enter my PIN 43692 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 01/04/19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56637127655

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ RICHARD J. TAMER Date ▶ 01/04/19

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

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/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17 , and ending 06/30/18

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

C Name of organization
THE EXCHANGE CLUB
Doing business as THE PARENTING PATH
Number and street (or P.O. box if mail is not delivered to street address) 500 WEST NORTHWEST BLVD.
Room/suite
City or town, state or province, country, and ZIP or foreign postal code WINSTON-SALEM NC 27105

D Employer identification number
58-1443692

E Telephone number

G Gross receipts$ 1,750,316

F Name and address of principal officer:
ELIZABETH MILLER

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PARENTINGPATH.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1981

M State of legal domicile: NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT IN NORTH CAROLINA.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	32
6 Total number of volunteers (estimate if necessary)	6	170
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,494,977	1,598,241
9 Program service revenue (Part VIII, line 2g)	25,771	99,490
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,708	1,559
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,721	34,826
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,567,177	1,734,116

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,311	42,756
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,135,250	1,316,332
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,796		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	333,478	504,331
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,497,039	1,863,419
19 Revenue less expenses. Subtract line 18 from line 12	70,138	-129,303

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	697,629	574,345
21 Total liabilities (Part X, line 26)	43,942	48,686
22 Net assets or fund balances. Subtract line 21 from line 20	653,687	525,659

Part II Signature Block

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

ELIZABETH MILLER — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
RICHARD J. TAMER	RICHARD J. TAMER	01/04/19		P00913572

Firm's name ▶ CANNON & COMPANY, L.L.P. — Firm's EIN ▶ 56-0727655

Firm's address ▶ 2160 COUNTRY CLUB RD WINSTON-SALEM, NC 27104-4208 — Phone no. 336-725-0635

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2017)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT IN NORTH CAROLINA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ **1,529,045** including grants of $ **42,756**) (Revenue $)

CHILD ABUSE PREVENTION - TO PREVENT AND TREAT CHILD ABUSE THROUGH TREATMENT AND COMMUNITY EDUCATION AND AWARENESS.

4b (Code:) (Expenses $ **45,631** including grants of $) (Revenue $)

STA- SAFE ABUSE TREATMENT - TO PROVIDE FAMILY INTERVENTION FOR SEX ABUSE VICTIMS, FAMILY MEMBERS OF OFFENDERS, INCLUDING INDIVIDUAL AND GROUP COUNSELING AND ASSESSMENTS.

4c (Code:) (Expenses $ **171,138** including grants of $) (Revenue $)

WELCOME BABY - TO PROVIDE SUPPORT TO FIRST-TIME PARENTS AT THE HOSPITAL AND AT HOME.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ **1,745,814**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** 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*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	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)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

ANNETTE DAHILIG 500 WEST NORTHWEST BLVD
WINSTON-SALEM NC 27105 336-748-9028

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PORTIA LAKEY	2.00									
VICE-CHAIR	0.00	X		X				0	0	0
(2) KRISTA BERLIN	2.00									
DIRECTOR	0.00	X						0	0	0
(3) WHIT DAVIS	2.00									
DIRECTOR	0.00	X						0	0	0
(4) KATIE FOWLER	2.00									
SECRETARY	0.00	X		X				0	0	0
(5) TAMMIE GREENE	2.00									
DIRECTOR	0.00	X						0	0	0
(6) BRANDON NELSON	2.00									
DIRECTOR	0.00	X						0	0	0
(7) DEMETRIA NICKENS	2.00									
DIRECTOR	0.00	X						0	0	0
(8) KYLA SIPPRELL	2.00									
DIRECTOR	0.00	X						0	0	0
(9) MATTHEW L WILLER	2.00									
DIRECTOR	0.00	X						0	0	0
(10) ELIZABETH WINTERS	2.00									
DIRECTOR	0.00	X						0	0	0
(11) VANESSA MCMINN	2.00									
DIRECTOR	0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TODD HAIRSTON DIRECTOR	2.00 0.00	X						0	0	0
(13) JESSICA SPENCER CHAIRPERSON	2.00 0.00	X		X				0	0	0
(14) TRAVIS WHITFIELD TREASURER	2.00 0.00	X		X				0	0	0
(15) HONEY HOLMES DIRECTOR	2.00 0.00	X						0	0	0
(16) EMERALD BOWMAN DIRECTOR	2.00 0.00	X						0	0	0
(17) KIA CHAVIOUS DIRECTOR	2.00 0.00	X						0	0	0
(18) JAMES FRANCIS DIRECTOR	2.00 0.00	X						0	0	0
(19) GEORGE MUNFORD DIRECTOR	2.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								52,381		2,619
d Total (add lines 1b and 1c) ▶								52,381		2,619

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 187,499				
	b Membership dues	1b				
	c Fundraising events	1c 40,950				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,267,472				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 102,320				
	g Noncash contributions included in lines 1a-1f: $ 8,116					
	h **Total.** Add lines 1a–1f ▶		1,598,241			
Program Service Revenue		Busn. Code				
	2a FEES FOR SERVICES	812900	99,490	99,490		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		99,490			
	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,559			1,559
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
Other Revenue	8a Gross income from fundraising events (not including $ 40,950 of contributions reported on line 1c). See Part IV, line 18	a 49,578				
	b Less: direct expenses	b 16,200				
	c Net income or (loss) from fundraising events ▶		33,378			33,378
	9a Gross income from gaming activities. See Part IV, line 19	a 1,109				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶		1,109			1,109
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a OTHER REVENUE		339	339		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		339			
	12 **Total revenue.** See instructions. ▶		1,734,116	99,829	0	36,046

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,756	42,756		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,428	56,178	16,250	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,030,614	1,024,403	4,526	1,685
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	125,224	112,923	11,378	923
10 Payroll taxes	88,066	85,750	2,142	174
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,599		18,129	1,470
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	88,562	88,562		
12 Advertising and promotion	1,104			1,104
13 Office expenses	73,724	57,403	15,097	1,224
14 Information technology				
15 Royalties				
16 Occupancy	50,690	38,575	11,206	909
17 Travel	108,254	105,548	2,503	203
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,367	14,395	4,599	373
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,049	5,049		
23 Insurance	20,155	12,031	8,105	19
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTUAL	74,163	74,163		
b TELECOMMUNICATIONS	24,852	17,981	6,356	515
c REPAIRS AND MAINTENANCE	9,603	7,005	2,403	195
d DUES AND FEES	6,298	300	5,548	450
e All other expenses	2,911	2,792	-5,433	5,552
25 Total functional expenses. Add lines 1 through 24e	1,863,419	1,745,814	102,809	14,796
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		276,903	1	78,060
	2	Savings and temporary cash investments		288,949	2	246,394
	3	Pledges and grants receivable, net		30,771	3	96,992
	4	Accounts receivable, net		5,351	4	11,559
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 781,234			
	b	Less: accumulated depreciation	10b 651,928	85,094	10c	129,306
	11	Investments—publicly traded securities		10,556	11	12,034
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		697,629	16	574,345
Liabilities	17	Accounts payable and accrued expenses		14,289	17	21,486
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		29,653	25	27,200
	26	**Total liabilities.** Add lines 17 through 25		43,942	26	48,686
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		522,687	27	464,129
	28	Temporarily restricted net assets		131,000	28	61,530
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		653,687	33	525,659
	34	Total liabilities and net assets/fund balances		697,629	34	574,345

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,734,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,863,419
3	Revenue less expenses. Subtract line 2 from line 1	3	-129,303
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	653,687
5	Net unrealized gains (losses) on investments	5	1,275
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	525,659

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) SARAH NORTHROP	2.00									
DIRECTOR	0.00	X						0	0	0
(21) CORY PARR	2.00									
DIRECTOR	0.00	X						0	0	0
(22) STEPAHNIE KNIGHT	2.00									
DIRECTOR	0.00	X						0	0	0
(23) ELIZABETH MILLER	40.00									
EXECUTIVE DIRECTOR	0.00			X				52,381	0	2,619
1b Sub-total ▶								52,381		2,619
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE EXCHANGE CLUB

Employer identification number

58-1443692

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,310,089	1,140,243	1,232,007	1,494,977	1,598,241	6,775,557
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,310,089	1,140,243	1,232,007	1,494,977	1,598,241	6,775,557
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6,775,557

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,310,089	1,140,243	1,232,007	1,494,977	1,598,241	6,775,557
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	421	429	2,143	1,708	1,559	6,260
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,041	14,976	20,569	55,543	50,687	146,816
11 **Total support.** Add lines 7 through 10						6,928,633

12	Gross receipts from related activities, etc. (see instructions)	12	99,829

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.79%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	98.47%

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

- a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

$ 96,129

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Name of the organization

THE EXCHANGE CLUB

Employer identification number

58-1443692

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ▶ $

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE EXCHANGE CLUB

Employer identification number
58-1443692

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN ST #1700 WINSTON-SALEM NC 27101	$ 153,999	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON DC 20201	$ 997,421	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	NC DEPT OF HEALTH AND HUMAN SERVICES 2001 MAIL SERVICE CENTER RALEIGH NC 276992001	$ 78,914	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	JCPC 512 NORTH SALISBURY ST RALEIGH NC 27604	$ 174,947	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE EXCHANGE CLUB

Employer identification number

58-1443692

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ ____ %
- **b** Permanent endowment ▶ ____ %
- **c** Temporarily restricted endowment ▶ ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	**3a(i)**		
(ii) related organizations	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,147		33,147
b Buildings		519,455	519,455	
c Leasehold improvements		105,251	29,300	75,951
d Equipment		123,381	103,173	20,208
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				129,306

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **ACCRUED VACATION**	**23,042**
(3) **PAYROLL LIABILITIES**	**4,158**
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	**27,200**

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,677,428
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,275		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	16,200		
e	Add lines 2a through 2d			2e	17,475
3	Subtract line 2e from line 1			3	1,659,953
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	74,163		
c	Add lines 4a and 4b			4c	74,163
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,734,116

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,805,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	16,200		
e	Add lines 2a through 2d			2e	16,200
3	Subtract line 2e from line 1			3	1,789,256
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	74,163		
c	Add lines 4a and 4b			4c	74,163
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	1,863,419

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE CENTER IS AN EXEMPT CENTER UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE CENTER BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE CENTER'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDING JUNE 30, 2016, 2017, AND 2018 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES $ 16,200

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

CONTRACTUAL $ 74,163

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES $ 16,200

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

CONTRACTUAL $ 74,163

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 the latest instructions.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE EXCHANGE CLUB

Employer identification number

58-1443692

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

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 fund-raiser have custody or control of contributions? Yes	No	**(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							
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 SPRING GALA BEN (event type)	(b) Event #2 PEANUT SALES (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	76,389	7,205	6,934	90,528
	2 Less: Contributions	39,000		1,950	40,950
	3 Gross income (line 1 minus line 2)	37,389	7,205	4,984	49,578
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,133		1,067	16,200
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,200
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				33,378

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE EXCHANGE CLUB

Employer identification number

58-1443692

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	GIFT CARDS AND SUPPLIES	145	42,756		FMV	
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

RECORDS ARE KEPT IN CLIENT AND ACCOUNTING FILES, WITH CLIENT NAME, ITEMS PURCHASED, AND SIGNATURE OF RECEIPT BY CLIENT AS PROOF OF DELIVERY. GRANTS ARE NEED BASED WITH URGENT SITUATIONS TAKING PRIORITY.

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

2017

Open to Public Inspection

Name of the organization

THE EXCHANGE CLUB

Employer identification number

58-1443692

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS REVIEWED BY THE BOARD CHAIR AND BOARD TREASURER, PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL, AND THEN APPROVED BY THE FULL BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS COMPLETE A PERSONAL PROFILE FORM ANNUALLY THAT INCLUDES SUCH ITEMS AS THEIR PLACE OF EMPLOYMENT. THIS INFORMATION IS REVIEWED FOR ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PERSONNEL COMMITTEE OF THE BOARD MEETS AND CONDUCTS A FACE-TO-FACE REVIEW OF THE EXECUTIVE DIRECTOR. RECOMMENDATIONS FOR INCREASES ARE BASED ON THE CURRENT SALARY AND JOB PERFORMANCE. NOTES OF THE MEETING AND ANY APPROVED INCREASES ARE RECORDED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROCESS FOR DETERMINING COMPENSATION PACKAGES OF OTHER KEY EMPLOYEES IS THE SAME AS FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES $ 16,200

Name of the organization: THE EXCHANGE CLUB

Employer identification number: 58-1443692

CONTRACTUAL	$	-74,163
FUNDRAISING EXPENSES	$	-16,200
CONTRACTUAL	$	74,163

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ **Attach to your tax return.**

▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return: **THE EXCHANGE CLUB**

Identifying number: **58-1443692**

Business or activity to which this form relates: **INDIRECT DEPRECIATION**

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,049

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,049
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2830 THE EXCHANGE CLUB
58-1443692
FYE: 6/30/2018

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Building	7/01/89	187,656				187,656	25	HY	S/L	187,656	0
2	Building Addition	7/01/95	331,799				331,799	25	HY	S/L	331,799	0
3	Forsyth Server	5/07/07	2,613				2,613	5	HY	S/L	2,613	0
	Mass Sale: 6/30/18											
4	IBM Storage Controller	6/01/07	615				615	5	HY	S/L	615	0
	Mass Sale: 6/30/18											
5	2 desktops, laptops, and controllers	2/12/07	5,765				5,765	5	HY	S/L	5,765	0
	Mass Sale: 6/30/18											
6	Back up Storage Device	2/15/07	740				740	5	HY	S/L	740	0
	Mass Sale: 6/30/18											
7	HP Computer	10/01/07	527				527	5	HY	S/L	527	0
	Mass Sale: 6/30/18											
8	Dell Computer	5/28/08	665				665	5	HY	S/L	665	0
9	Dell Computer	5/28/08	665				665	5	HY	S/L	665	0
12	Dell Powerridge Server	3/27/12	6,524				6,524	5	HY	S/L	6,524	0
13	Paving	7/01/89	18,857				18,857	15	HY	S/L	18,857	0
14	Improvements	7/19/02	5,340				5,340	10	HY	S/L	5,340	0
15	Parking Lot Paving Improvements	12/31/13	4,234				4,234	15	HY	S/L	988	282
16	Land	7/01/89	33,147				33,147	0	--	Land	0	0
17	2012 Toyota Seinna	6/25/12	25,067				25,067	5	HY	S/L	25,067	0
18	Equipment	7/01/92	4,275				4,275	5	HY	S/L	4,275	0
19	Equipment	7/01/93	2,050				2,050	5	HY	S/L	2,050	0
20	Equipment	7/01/94	13,803				13,803	5	HY	S/L	13,803	0
21	Equipment	7/01/95	31,008				31,008	5	HY	S/L	31,008	0
22	Refrigerator	12/01/96	436				436	5	HY	S/L	436	0
	Mass Sale: 6/30/18											
26	Furniture - BB&T Donation	11/01/97	2,750				2,750	5	HY	S/L	2,750	0
28	Various Equipment	12/01/98	1,555				1,555	5	HY	S/L	1,555	0
31	Exec. Chair	6/06/03	130				130	5	HY	S/L	130	0
	Mass Sale: 6/30/18											
32	(3) 2 Drawer File Cabinets	6/06/03	270				270	5	HY	S/L	270	0
34	(14) LCD Monitor Screens	10/16/03	3,979				3,979	5	HY	S/L	3,979	0
	Mass Sale: 6/30/18											
35	(15) PC's	10/16/03	13,532				13,532	5	HY	S/L	13,532	0
	Mass Sale: 6/30/18											
36	LCD 17" Monitor	10/16/03	453				453	5	HY	S/L	453	0
	Mass Sale: 6/30/18											
37	Port Switches	10/23/03	39				39	5	HY	S/L	39	0
39	(4) Chairs	4/09/03	96				96	5	HY	S/L	96	0
40	42" Table	4/09/03	150				150	5	HY	S/L	150	0
	Mass Sale: 6/30/18											
41	(4) 2 Drawer Cabinets	4/09/03	200				200	5	HY	S/L	200	0
42	4 Drawer File Cabinet	4/09/03	400				400	5	HY	S/L	400	0
45	TV/VCR/Cart	5/31/03	196				196	5	HY	S/L	196	0
	Mass Sale: 6/30/18											
51	HP vp6121 Digital Processor	6/30/04	1,790				1,790	5	HY	S/L	1,790	0
	Mass Sale: 6/30/18											
54	TV/DVD Player	6/19/08	546				546	5	HY	S/L	546	0
	Mass Sale: 6/30/18											
56	NEC SV8100 Phone System	8/04/10	10,560				10,560	7	HY	S/L	10,434	126
57	Kitchen Stove	11/11/10	559				559	7	HY	S/L	532	27
	Mass Sale: 6/30/18											
59	Sofa	9/28/11	799				799	10	HY	S/L	460	80
60	Computer/Monitor	11/28/11	540				540	5	HY	S/L	540	0
	Mass Sale: 6/30/18											
61	New Roof @ 500 NW Blvd	4/25/16	28,960				28,960	39	HY	S/L	1,114	742
62	Building Improvements	6/16/17	10,268				10,268	15	HY	S/L	342	685
63	A/C unit 2 ton	11/23/16	3,139				3,139	10	HY	S/L	157	314
64	A/C unit 2 ton	11/23/16	3,139				3,139	10	HY	S/L	157	314
65	A/C unit 3 ton	11/23/16	4,708				4,708	10	HY	S/L	235	471
66	A/C Unit New Parts	7/07/17	1,600				1,600	10	HY	S/L	0	80
67	180 ft PVC Piping	7/25/17	1,369				1,369	5	HY	S/L	0	137
68	Tree Removal	7/31/17	1,500				1,500	20	HY	S/L	0	38
69	New Fence	8/11/17	2,390				2,390	15	HY	S/L	0	80
70	Remodeling inside of Office	8/16/17	1,070				1,070	10	HY	S/L	0	54
71	Tree Removal	8/21/17	3,200				3,200	20	HY	S/L	0	80
72	Rubber mulch for playground area	9/14/17	1,182				1,182	20	HY	S/L	0	30
73	Tankless Waterhearter with repairs and install	10/02/17	1,823				1,823	27	HY	S/L	0	33

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Federal Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
74	Landscaping	5/08/18	2,250				2,250	20	HY	S/L	0	56
75	Installation of flooring	6/08/18	12,344				12,344	27	--	Memo	0	0
76	Landscaping	6/20/18	3,250				3,250	20	HY	S/L	0	81
77	Fridge	3/12/18	1,724				1,724	5	HY	S/L	0	172
78	12 Officeworks mobile training tables	3/19/18	2,180				2,180	10	HY	S/L	0	109
79	Dishwasher, Faucet, plumbing, electrical, and	4/09/18	1,456				1,456	5	HY	S/L	0	146
80	4 New Laptops and wireless mouse for each	1/04/18	2,268				2,268	5	HY	S/L	0	227
81	Appricot core bundles software and set up	4/01/18	4,041				4,041	5	HY	S/L	0	404
82	New Kitchen	4/10/18	5,614				5,614	10	HY	S/L	0	281
	Total Other Depreciation		813,805				813,805				679,450	5,049
	Total ACRS and Other Depreciation		813,805				813,805				679,450	5,049
	Grand Totals		813,805				813,805				679,450	5,049
	Less: Dispositions and Transfers		32,571				32,571				32,544	27
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		781,234				781,234				646,906	5,022

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NC Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
Other Depreciation:								
1	Building	7/01/89	187,656	187,656	187,656	0	0	0
2	Building Addition	7/01/95	331,799	331,799	331,799	0	0	0
3	Forsyth Server	5/07/07	2,613	2,613	2,613	0	0	0
	Mass Sale: 6/30/18							
4	IBM Storage Controller	6/01/07	615	615	615	0	0	0
	Mass Sale: 6/30/18							
5	2 desktops, laptops, and controllers	2/12/07	5,765	5,765	5,765	0	0	0
	Mass Sale: 6/30/18							
6	Back up Storage Device	2/15/07	740	740	740	0	0	0
	Mass Sale: 6/30/18							
7	HP Computer	10/01/07	527	527	527	0	0	0
	Mass Sale: 6/30/18							
8	Dell Computer	5/28/08	665	665	665	0	0	0
9	Dell Computer	5/28/08	665	665	665	0	0	0
12	Dell Powerridge Server	3/27/12	6,524	6,524	6,524	0	0	0
13	Paving	7/01/89	18,857	18,857	18,857	0	0	0
14	Improvements	7/19/02	5,340	5,340	5,340	0	0	0
15	Parking Lot Paving Improvements	12/31/13	4,234	4,234	988	282	282	0
16	Land	7/01/89	33,147	33,147	0	0	0	0
17	2012 Toyota Seinna	6/25/12	25,067	25,067	25,067	0	0	0
18	Equipment	7/01/92	4,275	4,275	4,275	0	0	0
19	Equipment	7/01/93	2,050	2,050	2,050	0	0	0
20	Equipment	7/01/94	13,803	13,803	13,803	0	0	0
21	Equipment	7/01/95	31,008	31,008	31,008	0	0	0
22	Refrigerator	12/01/96	436	436	436	0	0	0
	Mass Sale: 6/30/18							
26	Furniture - BB&T Donation	11/01/97	2,750	2,750	2,750	0	0	0
28	Various Equipment	12/01/98	1,555	1,555	1,555	0	0	0
31	Exec. Chair	6/06/03	130	130	130	0	0	0
	Mass Sale: 6/30/18							
32	(3) 2 Drawer File Cabinets	6/06/03	270	270	270	0	0	0
34	(14) LCD Monitor Screens	10/16/03	3,979	3,979	3,979	0	0	0
	Mass Sale: 6/30/18							
35	(15) PC's	10/16/03	13,532	13,532	13,532	0	0	0
	Mass Sale: 6/30/18							
36	LCD 17" Monitor	10/16/03	453	453	453	0	0	0
	Mass Sale: 6/30/18							
37	Port Switches	10/23/03	39	39	39	0	0	0
39	(4) Chairs	4/09/03	96	96	96	0	0	0
40	42" Table	4/09/03	150	150	150	0	0	0
	Mass Sale: 6/30/18							
41	(4) 2 Drawer Cabinets	4/09/03	200	200	200	0	0	0
42	4 Drawer File Cabinet	4/09/03	400	400	400	0	0	0
45	TV/VCR/Cart	5/31/03	196	196	196	0	0	0
	Mass Sale: 6/30/18							
51	HP vp6121 Digital Processor	6/30/04	1,790	1,790	1,790	0	0	0
	Mass Sale: 6/30/18							
54	TV/DVD Player	6/19/08	546	546	546	0	0	0
	Mass Sale: 6/30/18							
56	NEC SV8100 Phone System	8/04/10	10,560	10,560	10,434	126	126	0
57	Kitchen Stove	11/11/10	559	559	532	27	27	0
	Mass Sale: 6/30/18							
59	Sofa	9/28/11	799	799	460	80	80	0
60	Computer/Monitor	11/28/11	540	540	540	0	0	0
	Mass Sale: 6/30/18							
61	New Roof @ 500 NW Blvd	4/25/16	28,960	28,960	1,114	742	742	0
62	Building Improvements	6/16/17	10,268	10,268	342	685	685	0
63	A/C unit 2 ton	11/23/16	3,139	3,139	157	314	314	0
64	A/C unit 2 ton	11/23/16	3,139	3,139	157	314	314	0
65	A/C unit 3 ton	11/23/16	4,708	4,708	235	471	471	0
66	A/C Unit New Parts	7/07/17	1,600	1,600	0	80	80	0
67	180 ft PVC Piping	7/25/17	1,369	1,369	0	137	137	0
68	Tree Removal	7/31/17	1,500	1,500	0	38	38	0
69	New Fence	8/11/17	2,390	2,390	0	80	80	0
70	Remodeling inside of Office	8/16/17	1,070	1,070	0	54	54	0
71	Tree Removal	8/21/17	3,200	3,200	0	80	80	0
72	Rubber mulch for playground area	9/14/17	1,182	1,182	0	30	30	0
73	Tankless Waterhearter with repairs and install	10/02/17	1,823	1,823	0	33	33	0

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NC Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
74	Landscaping	5/08/18	2,250	2,250	0	56	56	0
75	Installation of flooring	6/08/18	12,344	12,344	0	0	0	0
76	Landscaping	6/20/18	3,250	3,250	0	81	81	0
77	Fridge	3/12/18	1,724	1,724	0	172	172	0
78	12 Officeworks mobile training tables	3/19/18	2,180	2,180	0	109	109	0
79	Dishwasher, Faucet, plumbing, electrical, and	4/09/18	1,456	1,456	0	146	146	0
80	4 New Laptops and wireless mouse for each	1/04/18	2,268	2,268	0	227	227	0
81	Appricot core bundles software and set up	4/01/18	4,041	4,041	0	404	404	0
82	New Kitchen	4/10/18	5,614	5,614	0	281	281	0
	Total Other Depreciation		813,805	813,805	679,450	5,049	5,049	0
	Total ACRS and Other Depreciation		813,805	813,805	679,450	5,049	5,049	0
	Grand Totals		813,805	813,805	679,450	5,049	5,049	0
	Less: Dispositions		32,571	32,571	32,544	27	27	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		781,234	781,234	646,906	5,022	5,022	0

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Building	7/01/89	0				0	0	HY		0	0
2	Building Addition	7/01/95	0				0	0	HY		0	0
3	Forsyth Server	5/07/07	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
4	IBM Storage Controller	6/01/07	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
5	2 desktops, laptops, and controllers	2/12/07	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
6	Back up Storage Device	2/15/07	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
7	HP Computer	10/01/07	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
8	Dell Computer	5/28/08	0				0	0	HY		0	0
9	Dell Computer	5/28/08	0				0	0	HY		0	0
12	Dell Powerridge Server	3/27/12	0				0	0	HY		0	0
13	Paving	7/01/89	0				0	0	HY		0	0
14	Improvements	7/19/02	0				0	0	HY		0	0
15	Parking Lot Paving Improvements	12/31/13	0				0	0	HY		0	0
16	Land	7/01/89	0				0	0	HY		0	0
17	2012 Toyota Seinna	6/25/12	0				0	0	HY		0	0
18	Equipment	7/01/92	0				0	0	HY		0	0
19	Equipment	7/01/93	0				0	0	HY		0	0
20	Equipment	7/01/94	0				0	0	HY		0	0
21	Equipment	7/01/95	0				0	0	HY		0	0
22	Refrigerator	12/01/96	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
26	Furniture - BB&T Donation	11/01/97	0				0	0	HY		0	0
28	Various Equipment	12/01/98	0				0	0	HY		0	0
31	Exec. Chair	6/06/03	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
32	(3) 2 Drawer File Cabinets	6/06/03	0				0	0	HY		0	0
34	(14) LCD Monitor Screens	10/16/03	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
35	(15) PC's	10/16/03	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
36	LCD 17" Monitor	10/16/03	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
37	Port Switches	10/23/03	0				0	0	HY		0	0
39	(4) Chairs	4/09/03	0				0	0	HY		0	0
40	42" Table	4/09/03	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
41	(4) 2 Drawer Cabinets	4/09/03	0				0	0	HY		0	0
42	4 Drawer File Cabinet	4/09/03	0				0	0	HY		0	0
45	TV/VCR/Cart	5/31/03	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
51	HP vp6121 Digital Processor	6/30/04	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
54	TV/DVD Player	6/19/08	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
56	NEC SV8100 Phone System	8/04/10	0				0	0	HY		0	0
57	Kitchen Stove	11/11/10	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
59	Sofa	9/28/11	0				0	0	HY		0	0
60	Computer/Monitor	11/28/11	0				0	0	HY		0	0
	Mass Sale: 6/30/18											
61	New Roof @ 500 NW Blvd	4/25/16	0				0	0	HY		0	0
62	Building Improvements	6/16/17	0				0	0	HY		0	0
63	A/C unit 2 ton	11/23/16	0				0	0	HY		0	0
64	A/C unit 2 ton	11/23/16	0				0	0	HY		0	0
65	A/C unit 3 ton	11/23/16	0				0	0	HY		0	0
66	A/C Unit New Parts	7/07/17	0				0	0	HY		0	0
67	180 ft PVC Piping	7/25/17	0				0	0	HY		0	0
68	Tree Removal	7/31/17	0				0	0	HY		0	0
69	New Fence	8/11/17	0				0	0	HY		0	0
70	Remodeling inside of Office	8/16/17	0				0	0	HY		0	0
71	Tree Removal	8/21/17	0				0	0	HY		0	0
72	Rubber mulch for playground area	9/14/17	0				0	0	HY		0	0
73	Tankless Waterhearter with repairs and install	10/02/17	0				0	0	HY		0	0

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
74	Landscaping	5/08/18	0				0	0	HY		0	0
75	Installation of flooring	6/08/18	0				0	0	HY		0	0
76	Landscaping	6/20/18	0				0	0	HY		0	0
77	Fridge	3/12/18	0				0	0	HY		0	0
78	12 Officeworks mobile training tables	3/19/18	0				0	0	HY		0	0
79	Dishwasher, Faucet, plumbing, electrical, and	4/09/18	0				0	0	HY		0	0
80	4 New Laptops and wireless mouse for each	1/04/18	0				0	0	HY		0	0
81	Appricot core bundles software and set up	4/01/18	0				0	0	HY		0	0
82	New Kitchen	4/10/18	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

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Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
62	Building Improvements	6/16/17	10,268		0	0	0	10,268
	Form 990, Page 1		10,268		0	0	0	10,268
	Grand Total		10,268		0	0	0	10,268

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Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

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Future Depreciation Report FYE: 6/30/19

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building	7/01/89	187,656	0	0
2	Building Addition	7/01/95	331,799	0	0
8	Dell Computer	5/28/08	665	0	0
9	Dell Computer	5/28/08	665	0	0
12	Dell Powerridge Server	3/27/12	6,524	0	0
13	Paving	7/01/89	18,857	0	0
14	Improvements	7/19/02	5,340	0	0
15	Parking Lot Paving Improvements	12/31/13	4,234	282	0
16	Land	7/01/89	33,147	0	0
17	2012 Toyota Seinna	6/25/12	25,067	0	0
18	Equipment	7/01/92	4,275	0	0
19	Equipment	7/01/93	2,050	0	0
20	Equipment	7/01/94	13,803	0	0
21	Equipment	7/01/95	31,008	0	0
26	Furniture - BB&T Donation	11/01/97	2,750	0	0
28	Various Equipment	12/01/98	1,555	0	0
32	(3) 2 Drawer File Cabinets	6/06/03	270	0	0
37	Port Switches	10/23/03	39	0	0
39	(4) Chairs	4/09/03	96	0	0
41	(4) 2 Drawer Cabinets	4/09/03	200	0	0
42	4 Drawer File Cabinet	4/09/03	400	0	0
56	NEC SV8100 Phone System	8/04/10	10,560	0	0
59	Sofa	9/28/11	799	79	0
61	New Roof @ 500 NW Blvd	4/25/16	28,960	743	0
62	Building Improvements	6/16/17	10,268	684	0
63	A/C unit 2 ton	11/23/16	3,139	314	0
64	A/C unit 2 ton	11/23/16	3,139	314	0
65	A/C unit 3 ton	11/23/16	4,708	471	0
66	A/C Unit New Parts	7/07/17	1,600	160	0
67	180 ft PVC Piping	7/25/17	1,369	274	0
68	Tree Removal	7/31/17	1,500	75	0
69	New Fence	8/11/17	2,390	159	0
70	Remodeling inside of Office	8/16/17	1,070	107	0
71	Tree Removal	8/21/17	3,200	160	0
72	Rubber mulch for playground area	9/14/17	1,182	59	0
73	Tankless Waterhearter with repairs and instal	10/02/17	1,823	66	0
74	Landscaping	5/08/18	2,250	113	0
75	Installation of flooring	6/08/18	12,344	0	0
76	Landscaping	6/20/18	3,250	163	0
77	Fridge	3/12/18	1,724	345	0
78	12 Officeworks mobile training tables	3/19/18	2,180	218	0
79	Dishwasher, Faucet, plumbing, electrical, and	4/09/18	1,456	291	0
80	4 New Laptops and wireless mouse for each	1/04/18	2,268	454	0
81	Appricot core bundles software and set up	4/01/18	4,041	808	0
82	New Kitchen	4/10/18	5,614	561	0
	Total Other Depreciation		781,234	6,900	0
	Total ACRS and Other Depreciation		781,234	6,900	0
	Grand Totals		781,234	6,900	0

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NC Future Depreciation Report FYE: 6/30/19

Form 990, Page 1

Asset	Description	Date In Service	Cost	NC
Other Depreciation:				
1	Building	7/01/89	187,656	0
2	Building Addition	7/01/95	331,799	0
8	Dell Computer	5/28/08	665	0
9	Dell Computer	5/28/08	665	0
12	Dell Powerridge Server	3/27/12	6,524	0
13	Paving	7/01/89	18,857	0
14	Improvements	7/19/02	5,340	0
15	Parking Lot Paving Improvements	12/31/13	4,234	282
16	Land	7/01/89	33,147	0
17	2012 Toyota Seinna	6/25/12	25,067	0
18	Equipment	7/01/92	4,275	0
19	Equipment	7/01/93	2,050	0
20	Equipment	7/01/94	13,803	0
21	Equipment	7/01/95	31,008	0
26	Furniture - BB&T Donation	11/01/97	2,750	0
28	Various Equipment	12/01/98	1,555	0
32	(3) 2 Drawer File Cabinets	6/06/03	270	0
37	Port Switches	10/23/03	39	0
39	(4) Chairs	4/09/03	96	0
41	(4) 2 Drawer Cabinets	4/09/03	200	0
42	4 Drawer File Cabinet	4/09/03	400	0
56	NEC SV8100 Phone System	8/04/10	10,560	0
59	Sofa	9/28/11	799	79
61	New Roof @ 500 NW Blvd	4/25/16	28,960	743
62	Building Improvements	6/16/17	10,268	684
63	A/C unit 2 ton	11/23/16	3,139	314
64	A/C unit 2 ton	11/23/16	3,139	314
65	A/C unit 3 ton	11/23/16	4,708	471
66	A/C Unit New Parts	7/07/17	1,600	160
67	180 ft PVC Piping	7/25/17	1,369	274
68	Tree Removal	7/31/17	1,500	75
69	New Fence	8/11/17	2,390	159
70	Remodeling inside of Office	8/16/17	1,070	107
71	Tree Removal	8/21/17	3,200	160
72	Rubber mulch for playground area	9/14/17	1,182	59
73	Tankless Waterhearter with repairs and instal	10/02/17	1,823	66
74	Landscaping	5/08/18	2,250	113
75	Installation of flooring	6/08/18	12,344	0
76	Landscaping	6/20/18	3,250	163
77	Fridge	3/12/18	1,724	345
78	12 Officeworks mobile training tables	3/19/18	2,180	218
79	Dishwasher, Faucet, plumbing, electrical, and	4/09/18	1,456	291
80	4 New Laptops and wireless mouse for each	1/04/18	2,268	454
81	Appricot core bundles software and set up	4/01/18	4,041	808
82	New Kitchen	4/10/18	5,614	561
	Total Other Depreciation		781,234	6,900
	Total ACRS and Other Depreciation		781,234	6,900
	Grand Totals		781,234	6,900

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SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18

2017

Name

THE EXCHANGE CLUB

Employer Identification Number

58-1443692

		(a) Other event PARADE OF TREES (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	6,934			6,934
	2 Less: Charitable contributions	1,950			1,950
	3 Gross income (line 1 minus line 2)	4,984			4,984
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	1,067			1,067

Form **990**

Two Year Comparison Report

For calendar year 2017, or tax year beginning **07/01/17** , ending **06/30/18**

2016 & 2017

Name

THE EXCHANGE CLUB

Taxpayer Identification Number

58-1443692

			2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1.	364,753	330,769	-33,984
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,130,224	1,267,472	137,248
	4. Program service revenue	4.	25,771	99,490	73,719
	5. Investment income	5.	1,708	1,559	-149
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	44,721	33,378	-11,343
	9. Net income or (loss) from gaming	9.		1,109	1,109
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		339	339
	12. **Total revenue.** Add lines 1 through 11	12.	1,567,177	1,734,116	166,939
Expenses	13. Grants and similar amounts paid	13.	28,311	42,756	14,445
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	98,652	72,428	-26,224
	16. Salaries, other compensation, and employee benefits	16.	1,036,598	1,243,904	207,306
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	70,330	108,161	37,831
	19. Occupancy, rent, utilities, and maintenance	19.	37,677	50,690	13,013
	20. Depreciation and Depletion	20.	9,621	5,049	-4,572
	21. Other expenses	21.	215,850	340,431	124,581
	22. **Total expenses.** Add lines 13 through 21	22.	1,497,039	1,863,419	366,380
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	70,138	-129,303	-199,441
Other Information	24. Total exempt revenue	24.	1,567,177	1,734,116	166,939
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	72,200	135,875	63,675
	27. Total assets	27.	697,629	574,345	-123,284
	28. Total liabilities	28.	43,942	48,686	4,744
	29. Retained earnings	29.	653,687	525,659	-128,028
	30. Number of voting members of governing body	30.	23	22	
	31. Number of independent voting members of governing body	31.	23	22	
	32. Number of employees	32.	43	32	
	33. Number of volunteers	33.	440	170	

Form **990**

Tax Return History

2017

Name

THE EXCHANGE CLUB

Employer Identification Number

58-1443692

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants			1,232,007	1,494,977	1,598,241	
Membership dues						
Program service revenue			41,499	25,771	99,490	
Capital gain or loss			-340			
Investment income			2,143	1,708	1,559	
Fundraising revenue (income/loss)			11,413	44,721	33,378	
Gaming revenue (income/loss)					1,109	
Other revenue			4,965		339	
Total revenue			1,291,687	1,567,177	1,734,116	
Grants and similar amounts paid			8,633	28,311	42,756	
Benefits paid to or for members						
Compensation of officers, etc.			96,345	98,652	72,428	
Other compensation			903,713	1,036,598	1,243,904	
Professional fees			95,955	70,330	108,161	
Occupancy costs			32,640	37,677	50,690	
Depreciation and depletion			9,088	9,621	5,049	
Other expenses			176,505	215,850	340,431	
Total expenses			1,322,879	1,497,039	1,863,419	
Excess or (Deficit)			-31,192	70,138	-129,303	
Total exempt revenue			1,291,687	1,567,177	1,734,116	
Total unrelated revenue						
Total excludable revenue			59,680	72,200	135,875	
Total Assets			618,346	697,629	574,345	
Total Liabilities			34,797	43,942	48,686	
Net Fund Balances			583,549	653,687	525,659	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
	$ 1,224		14			
TOTAL	$ 1,224					

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
	$ 335		14			
TOTAL	$ 335					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	$ 75,770	$ 75,770	$	$
	3,147	3,147		
	9,645	9,645		
TOTAL	$ 88,562	$ 88,562	$ 0	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SERVICE EVENTS	$ 5,537	$	$	$ 5,537
AUTO	2,988	2,792	181	15
BANK CHARGES	1,461		1,461	
MISCELLANEOUS	-7,075		-7,075	
TOTAL	$ 2,911	$ 2,792	$ -5,433	$ 5,552

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	$ 33,500
	16,190
	102,320
UNITED WAY OF FORSYTH COUNTY	
CASH CONTRIBUTION	153,999
US DEPT OF HEALTH AND HUMAN SERVICES	
CASH CONTRIBUTION	997,421
NC DEPT OF HEALTH AND HUMAN SERVICES	
CASH CONTRIBUTION	78,914
JCPC	
CASH CONTRIBUTION	174,947
PARADE OF TREES	
CASH CONTRIBUTION	1,950
SPRING GALA BENEFIT DINNER	
CASH CONTRIBUTION	39,000
TOTAL	$ 1,598,241

Schedule A, Part II, Line 8(e)

Description	Amount
	$ 1,224
	335
TOTAL	$ 1,559

Federal Statements

Schedule A, Part II, Line 10(e)

Description	Amount
PARADE OF TREES	$ 4,984
SPRING GALA BENEFIT DINNER	37,389
SAFE DATE	
PEANUT SALES	7,205
YETI COOLER RAFFLE	1,109
TOTAL	$ 50,687

Schedule A, Part II, Line 12 - Current year

Description	Amount
FEES FOR SERVICES	$ 99,490
OTHER REVENUE	339
TOTAL	$ 99,829

Federal Statements

PARADE OF TREES

Other Direct Fundraising or Gaming Expenses

Description	Amount
	$ 1,067
TOTAL	$ 1,067

Federal Statements

SPRING GALA BENEFIT DINNER

Other Direct Fundraising or Gaming Expenses

Description	Amount
	$ 15,133
TOTAL	$ 15,133