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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

EXCHANGE CLUB OF LAWRENCE, INC.

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 552

D Employer identification number

04-6192866

City or town, state or country, and ZIP + 4

LAWRENCE MA 01842

E Telephone number
978-609-6883F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► LAWRENCEEXCHANGECLUB.COM

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 79,354

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	12,620
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	530
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	5,000
Net Assets	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	61,204
	c Less direct expenses from gaming and fundraising events	6c	29,622
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	36,582
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49,732
	10 Grants and similar amounts paid (list in Schedule O)	10	36,155
Expenses	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	8,613
	17 Total expenses. Add lines 10 through 16	17	44,768
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,964
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	137,746
DAA	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	142,710

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990-EZ (2011)

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	137,746	22 142,710
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	137,746	25 142,710
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,746	27 142,710

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PREVENTION OF CHILD ABUSE AND ASSISTANCE TO CHILDREN IN NEED, BY ASSISTING STUDENTS IN A VARIETY OF PROGRAMS, PROVIDING SCHOLARSHIPS, AND AFTER-SCHOOL ACTIVITIES.			
(Grants \$ 36,155) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	63,142
29 RECOGNITION OF INDIVIDUALS AND BUSINESSES WHOSE ACTIONS PROMOTE COMMUNITY SERVICE AND CIVIC PRIDE AND DUTY.			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	9,655
30			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	►	32	72,797

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON BIRCHALL 8 MCKINLEY AVE	METHUEN MA 01844	PRESIDENT 1.00	0	0
STEVE ALFANO 58 ROLLING RIDGE LANE	METHUEN MA 01844	PRESIDENT-ELECT 1.00	0	0
ROBIN DINATALE 141 FARRWOOD DRIVE	BRADFORD MA 01835	VICE PRESIDENT 1.00	0	0
CHRISTINE SANTACROCE 5 FALCON ST	LAWRENCE MA 01843	SECRETARY 1.00	0	0
ELEANOR BAKER 96 CENTER ST, UNIT 4	GROVELAND MA 01834	TREASURER 1.00	0	0
RICK BLAIN 123 BRENTWOOD CIRCLE	NORTH ANDOVER MA 01845	DIRECTOR 1.00	0	0
AL MATTHEWS 455 WOOD LAND	NORTH ANDOVER MA 01845	DIRECTOR 1.00	0	0
JOLA SMITH 501 EAST BROADWAY	HAVERHILL MA 01835	DIRECTOR 1.00	0	0
JENNIFER D'AGOSTINO 5 CASSABLANCA CT	HAVERHILL MA 01832	DIRECTOR 1.00	0	0
DAVID FERGUSON 48 HILL ST	METHUEN MA 01844	DIRECTOR 1.00	0	0
FRANCISCO SANTIAGO 10 CORNISH ST EXT	METHUEN MA 01844	DIRECTOR 1.00	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 33

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 34

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35a

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 35c

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 36 ► 37a

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

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

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

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

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

b Gross receipts, included on line 9, for public use of club facilities 40b

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

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e

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

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g

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

42a The organization's books are in care of ► ELEANOR BAKER Telephone no ► 978-946-0334 42a

96 CENTER ST, UNIT 4 42a

Located at ► GROVELAND MA ZIP + 4 ► 01834 42a

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____ 42d

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

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

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

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

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	<input type="checkbox"/>
48	<input type="checkbox"/>
49a	<input type="checkbox"/>
49b	<input type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

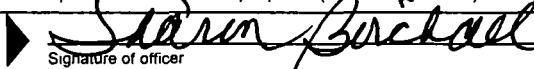
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer SHARON BIRCHALL <small>Type or print name and title</small>		Date	<small>PRESIDENT</small>  <small>OCT 30, 2012</small>	
Paid Preparer Use Only	<small>Print/Type preparer's name</small> MARILYN A. CENSULLO	<small>Preparer's signature</small>  MARILYN A. CENSULLO	Date	<small>Check <input type="checkbox"/> if self-employed</small> 10/26/12 P00084611	PTIN
	<small>Firm's name ►</small> NAFFAH & COMPANY, P.C.			Firm's EIN ►	02-0533992
	<small>Firm's address ►</small> 30 MASSACHUSETTS AVE, STE 10 NORTH ANDOVER, MA 01845			Phone no	978-685-8540

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

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" to Form 990, Part IV, lines 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. ► See separate instructions.

OMB No 1545-0047

2011Open To Public
Inspection

Name of the organization

EXCHANGE CLUB OF LAWRENCE, INC.Employer identification number
04-6192866**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes No

b If "Yes," list the ten 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?		(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
		Yes	No			
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" to 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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		FIGHT NIGHT (event type)	CIGAR NIGHT (event type)	NONE (total number)	
		1 Gross receipts	47,633	6,126	
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)		47,633	6,126	53,759
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	900	500		1,400
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,850	2,122		22,972
	10 Direct expense summary Add lines 4 through 9 in column (d)			►	24,372
	11 Net income summary Combine line 3, column (d), and line 10			►	29,387

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine line 1, column d, and line 7			►	

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain

9a Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

10a Yes No

11 Does the organization operate 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 operated 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. Complete this part to 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 complete this part to provide any additional information (see instructions)

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.

OMB No 1545-0047

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Name of the organization

EXCHANGE CLUB OF LAWRENCE, INC.Employer identification number
04-6192866**FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS**

RELATIONSHIP TO ORG CLASS OF ACTIVITY DATE OF GIFT DESC. OF PROPERTY

CASH CONTRIB. NONCASH CONTRIB. BOOK VALUE BV EXPL. FMV EXPL.

\$ 25,000 \$ 0 \$ 0

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION AMOUNT

EXPENSES

PLAQUES AND SUPPLIES	\$	1,672
PLAQUES AND SUPPLIES	\$	1,600
MEALS	\$	4,500
MEALS	\$	248
PRINTING	\$	593
	TOTAL \$	8,613

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

SUPPORT PROGRAMS FOR PREVENTION OF CHILD ABUSE; PROVIDE PROGRAM ASSISTANCE
AND SCHOLARSHIPS FOR STUDENTS; AND RECOGNIZE INDIVIDUALS AND BUSINESSES
WHOSE ACTIONS PROMOTE COMMUNITY SERVICE AND CIVIC PRIDE AND DUTY.

FORM 990-EZ, PART V, LINE 33 - ACTIVITIES NOT PREVIOUSLY REPORTED TO IRS
ACTIVITY SIMILAR TO THAT REPORTED FOR THIS FISCAL YEAR ENDED JUNE 2012, WAS
CONDUCTED IN PRIOR YEARS, AND IS BEING REPORTED TO IRS ON FORM 1024, WHICH
IS IN PROCESS.

Schedule O (Form 990 or 990-EZ) (2011)

Page 2

Name of the organization

EXCHANGE CLUB OF LAWRENCE, INC.

Employer identification number

04-6192866

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZATIONAL DOCUMENTS
ORIGINAL CHARTER/BYLAWS FROM 1946 HAVE SINCE BEEN AMENDED TO ALLOW
MEMBERSHIP TO BOTH MEN AND WOMEN OF ALL RACES, CREEDS, AND RELIGIONS.