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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.*

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning July 1 , 2011, and ending June 30 , 20 12

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

C Name of organization
National Exchange Club # 1988

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. Box 1037

City or town, state or country, and ZIP + 4
Carlisle, PA 17013

D Employer identification number
23-7005474

E Telephone number
717-579-6697

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☐ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K 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 . . . . . ▶ $

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	6,275
	2	Program service revenue including government fees and contracts		2	9,034
	3	Membership dues and assessments		3	14,411
	4	Investment income		4	579
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	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	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	30,299
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	23,282
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	374
	16	Other expenses (describe in Schedule O)		16	14,553
	17	**Total expenses.** Add lines 10 through 16 ▶		17	38,209
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(7,910)
	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	43,427
	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	35,517

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	43,427	22	35,517
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	43,427	25	35,517
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	43,427	27	35,517

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? Community service

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 LOCAL COMMUNITY BENEFIT - SEE ATTACHMENT 1

(Grants $ 909) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 8,055

29 CHILD ABUSE PREVENTION - SEE ATTACHMENT 1

(Grants $ 2,500) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a 3,242

30 YOUTH - SEE ATTACHMENT 1

(Grants $ 4,400) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a 5,481

31 Other program services (describe in Schedule O)

(Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a 6,504

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 23,282

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
Terry Young 180 Ridge Drive, Carlisle, PA 17015	President-5 Hrs/wk	0	0	0
Dennis Neilsen 208 Burnt House Road, Carlisle, PA 17015	Pres. Elect-2 Hrs/wk	0	0	0
Barrie Zeis 6 Laurel Oak Drive, Boiling Springs, PA 17007	V. Pres.-2 Hrs/wk	0	0	0
Anne Wood 215 W. Yellow Breeches Road, Carlisle, PA 17015	Past Pres.-5 Hrs/wk	0	0	0
Patsy Schmidt 3 Garland Court, Carlisle, PA 17013	Sec. - 5 Hrs/wk	0	0	0
Robert Beard 140 Faith Circle, Carlisle, PA 17013	Treas.- 5 Hrs/wk	0	0	0
Robert Alspaugh 110 Alters Road, Carlisle, PA 17013	Director-2 Hrs/wk	0	0	0
Lee Deveney 203 McLand Road, Mount Holly Springs, PA 17065	Director-2 Hrs/wk	0	0	0
Salvatore Pitta 70 Sunset Drive, Carlisle, PA 17013	Director-2 Hrs/wk	0	0	0
Russell Sutton 1924 Sterretts Gap Ave., Carlisle, PA 17013	Director-2 Hrs/wk	0	0	0
Robert Taylor 503 West South St., Carlisle, PA 17013	Director-2 Hrs/wk	0	0	0
Walter Wood 215 W. Yellow Breeches Road, Carlisle, PA 17013	Director-2 Hrs/wk	0	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 ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
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)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
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:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) 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	40b		✓
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ Robert Beard Telephone no. ▶ 717-579-6697			
	Located at ▶ 140 Faith Circle, Carlisle, PA 17013 ZIP + 4 ▶			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	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		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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 ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

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
None				

f Total number of other employees paid over $100,000 . . . . ▶ _____

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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 _____ Date 6/30/12

▶ Robert L. Beard - Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

NATIONAL EXCHANGE CLUB #1988
EXCHANGE CLUB OF CARLISLE, PA
P. O. BOX 1037, CARLISLE, PA 17013
EIN 23-7005474

ATTACHMENT 1-FORM 990EZ- 2011
TAX YEAR JULY 1,2011 TO JUNE 30,2012
SCHEDULE 0

Part 1 - Expenses

Line 10 - Grants and similar amounts paid

LOCAL COMMUNITY BENEFIT (LINE 28)			
Molly Pitcher Award Program-Citizen of Year	$	6,984	
Meals on Wheels, Carlisle, PA 17013	$	150	
Carlisle Family Housing Tenants Assoc, 114 N. Hanover St., Carlisle, PA 17013	$	759	
Fireman of the Year Program	$	162	
TOTAL LOCAL COMMUNITY BENEFIT			$8,055
CHILD ABUSE PREVENTION (LINE 29)			
Parent Works Inc., 331 Bridge St., New Cumberland, PA 17070	$	2,000	
Prevention of Child Abuse-Christmas Party	$	742	
National Exchange Foundation for Prevention of Child Abuse	$	250	
3050 Central Ave., Toledo, OH 43606			
Mid-Atlantic District Foundation for Prevention of Child Abuse	$	250	
c/o James McMurdo, 2210 Sunshine Ave., Johnstown, PA 15905			
TOTAL CHILD ABUSE PREVENTION			$3,242
AMERICANISM (LINE 31)			
GIVAKIDAFLAGTOWAVE	$	250	
One Nation Under God breakfast for Seniors	$	348	
Proudly We Hail	$	36	
TOTAL AMERICANISM			$634
YOUTH (LINE 30)			
ACE Award Program	$	2,099	
Summer Program for Youth, P.O. Box 612, Carlisle, PA 17013	$	200	
Hope Station, 149 West Penn St., Carlisle, PA 17013	$	1,000	
Youth of the Year Program	$	2,182	
TOTAL YOUTH			$5,481
AFFILIATES (LINE 31)			
National Exchange Club (dues,fees) 3050 Central Ave., Toledo, OH 43606	$	4,598	
Mid-Atlantic District Exchange Club(dues) James McMurdo, Johnston, PA	$	972	
Mid-Atlantic District Youth of the Year Program	$	300	
TOTAL AFFILIATES			$5,870

Total Grants and similar amounts (Line 10) $23,282

NATIONAL EXCHANGE CLUB #1988
EXCHANGE CLUB OF CARLISLE, PA
P. O. BOX 1037, CARLISLE, PA 17013
EIN 23-7005474

ATTACHMENT 2 - FORM 990EZ-2011
TAX YEAR JULY 1,2011 TO JUNE 30,2012
SCHEDULE O

Part I - Expenses

Line 16 - Other Expensses

Club Meetings/Programs	$12,153
Exchange Club Recognition Award Plaques, Pins, and Supplies	$188
Liability and Crime Insurance (Activities and Events)	$280
Fundraising Support - Rentals, Equipment, and Supplies	$1,182
Club Administrative Expenses	$500
Education and Training	$200
Memorials	$50
Total Other Expenses (Line 16)	$14,553