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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning July 1 , 2013, and ending June 30 , 20 14	
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 province, country, and ZIP or foreign postal code 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) ▶	
H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶	
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$	

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	8,326
	2 Program service revenue including government fees and contracts	2	7,951
	3 Membership dues and assessments	3	11,645
	4 Investment income	4	501
	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 \$ 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	0		
b Less: cost of goods sold 7b	0		
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	28,423		
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10	23,793	
	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	454	
	16 Other expenses (describe in Schedule O) 16	12,741	
	17 Total expenses. Add lines 10 through 16 ▶ 17	36,988	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18	(8,565)	
	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	27,706	
	20 Other changes in net assets or fund balances (explain in Schedule O) 20	0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21	19,141	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

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15

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	27,706	22 19,141
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	27,706	25 19,141
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)	27,706	27 19,141

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 \$ 969) If this amount includes foreign grants, check here ☐	28a	7,590
29 CHILD ABUSE PREVENTION - SEE ATTACHMENT 1		
(Grants \$ 5,395) If this amount includes foreign grants, check here ☐	29a	5,066
30 YOUTH - SEE ATTACHMENT 1		
(Grants \$ 5,450) If this amount includes foreign grants, check here ☐	30a	6,522
31 Other program services (describe in Schedule O)		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	31a	4,615
32 Total program service expenses (add lines 28a through 31a)	32	23,793

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dennis Neilsen - President				
208 Burnt House Road, Carlisle, PA 17015	5 Hrs./week	0	0	0
John Murray - Pres. Elect/Secretary				
804 Wellington Drive, Carlisle, PA 17013	5 Hrs./week	0	0	0
Barrie Zeis - Vice President				
6 Laurel Oak Drive, Boiling Springs, PA 17007	2 Hrs./week	0	0	0
Anne Wood - Communications Director				
215 W. Yellow Breeches Road, Carlisle, PA 17015	5 Hrs./week	0	0	0
Robert Beard - Treasurer				
140 Faith Circle, Carlisle, PA 17013	5 Hrs./week	0	0	0
Russell Sutton - Director				
1910 Sterretts Gap Ave., Carlisle, PA 17013	2 Hrs./week	0	0	0
Walter Wood - Director				
215 W. Yellow Breeches Road, Carlisle, PA 17015	2 Hrs./week	0	0	0
Terry Young - Director				
180 Ridge Drive, Carlisle, PA 17015	2 Hrs./week	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	37b	✓
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 ►		
42a The organization's books are in care of ► Robert Beard - Treasurer Telephone no. ► (717) 579-6697		
Located at ► 140 Faith Circle, Carlisle, PA 17013 ZIP + 4 ► 17013		
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	☐
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

	Yes	No
46		☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

	Yes	No
47		☒

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

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

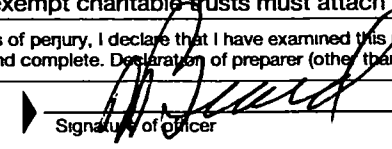
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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 6-30-14
	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- 2013
TAX YEAR JULY 1,2013 TO JUNE 30,2014
SCHEDULE 0

Part 1 - Expenses

Line 10 - Grants and similar amounts paid

LOCAL COMMUNITY BENEFIT (LINE 28)

Molly Pitcher Award Program-Citizen of Year.....	\$	6,621	
Meals on Wheels, Carlisle, PA 17013.....	\$	150	
Carlisle Family Housing Tenants Assoc, 114 N. Hanover St., Carlisle, PA 17013	\$	819	
Fireman of the Year Program	\$	-	
TOTAL LOCAL COMMUNITY BENEFIT			\$7,590

CHILD ABUSE PREVENTION (LINE 29)

Parent Works Inc., 50 Utley Drive, Camp Hill, PA 17011.....	\$	4,895	
Prevention of Child Abuse-Christmas Party.....	\$	(329)	
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			\$5,066

AMERICANISM (LINE 31)

GIVAKIDAFILAGTOWAVE.....	\$	-	
One Nation Under God breakfast for Seniors.....	\$	314	
Proudly We Hail.....	\$	-	
TOTAL AMERICANISM			\$314

YOUTH (LINE 30)

ACE Award Program	\$	1,889	
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.....	\$	2,183	
Other Youth Programs	\$	1,250	
TOTAL YOUTH			\$6,522

AFFILIATES (LINE 31)

National Exchange Club (dues,fees) 3050 Central Ave., Toledo, OH 43606.....	\$	3,557	
Mid-Atlantic District Exchange Club(dues) James McMurdo, Johnston, PA	\$	744	
Mid-Atlantic District Youth of the Year Program	\$	-	
TOTAL AFFILIATES			\$4,301

Total Grants and similar amounts (Line 10) \$23,793

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

ATTACHMENT 2 - FORM 990EZ-2013
TAX YEAR JULY 1,2013 TO JUNE 30,2014
SCHEDULE O

Part I - Expenses

Line 16 - Other Expenses

Club Meetings/Programs.....	\$10,387
Exchange Club Recognition Award Plaques, Pins, and Supplies.....	\$95
Liability and Crime Insurance (Activities and Events).....	\$255
Fundraising Support - Rentals, Equipment, and Supplies.....	\$1,132
Club Administrative Expenses.....	\$508
Education and Training.....	\$200
Memorials.....	\$165
Total Other Expenses (Line 16).....	\$12,741