

Form **990EZ**
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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
NATIONAL EXCHANGE CLUB #1639 - MONROE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3625 N CUSTER RD

City or town, state or province, country, and ZIP or foreign postal code
MONROE, MI 481629645

D Employer identification number
38-1742477

E Telephone number
(734) 241-4571

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: N/A

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

K Form of organization Corporation Trust Association Other SOCIAL GROUP

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. \$ 30,782

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	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	24,774
	4 Investment income	4	
	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	
	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	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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	6,008	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	30,782	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	4,723
	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	570
	14 Occupancy, rent, utilities, and maintenance	14	225
	15 Printing, publications, postage, and shipping	15	17
	16 Other expenses (describe in Schedule O)	16	28,445
	17 Total expenses. Add lines 10 through 16	17	33,980
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,198	
Net Assets	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	5,667
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	4,874
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,343

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of JULIE K HARMAN Telephone no (734) 637-9613 Located at 3625 N CUSTER RD MONROE, MI ZIP + 4 481629645

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	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	No

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

	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 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

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

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 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	2019-08-22 Date
JULIE K HARMAN TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JULIE HARMAN	Preparer's signature	Date 2019-08-22	Check <input type="checkbox"/> if self-employed	PTIN P00110969
Firm's name ▶ BACARELLA & ASSOCIATES PLLC			Firm's EIN ▶ 27-1287713		
Firm's address ▶ PO BOX 984 MONROE, MI 48161			Phone no (734) 242-6544		

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

Additional Data

Software ID:

Software Version:

EIN: 38-1742477

Name: NATIONAL EXCHANGE CLUB #1639 - MONROE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 SUPPORT OF LOCAL LAW ENFORCEMENT, RECOGNIZING OFFICERS OF THE YEAR FROM EACH DIFFERENT DEPARTMENT (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	4,139

**TY 2018 Transfers Personal Benefits
Contracts Declaration**

Name: NATIONAL EXCHANGE CLUB #1639 - MONROE

EIN: 38-1742477

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

NATIONAL EXCHANGE CLUB #1639 - MONROE

Employer identification number

38-1742477

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MEMBERS CHRISTMAS AND SPRING EVENTS AMOUNT 3,330 DESCRIPTION MISCELLANEOUS AMOUNT 1,553 DESCRIPTION LAW DAY AMOUNT 1,125 TOTAL TO FORM 990-EZ, LINE 8 6,008

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME NATIONAL EXCHANGE CLUB AND MICHIGAN DISTRICT EXCHANGE CLUB CLUB AFFILIATE ADDRESS 3050 CENTRAL AVE TOLEDO, OH 43606 PURPOSE OF PAYMENT QUARTERLY DUES AMOUNT OF PAYMENT 4,723

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION NOON LUNCHEON MEETING EXPENSE AMOUNT 12,386 DESCRIPTION COMPUTER SOFTWARE AMOUNT 318 DESCRIPTION BOARD EXPENSE AMOUNT 1,253 DESCRIPTION SUPPLIES AMOUNT 1,680 DESCRIPTION MISCELLANEOUS AMOUNT 450 DESCRIPTION OFFICE EXPENSE AMOUNT 408 DESCRIPTION INSURANCE AMOUNT 230 DESCRIPTION CHRISTMAS EXPENSE AMOUNT 1,261 DESCRIPTION CONVENTION EXPENSE AMOUNT 2,721 DESCRIPTION CONTRIBUTION AMOUNT 800 DESCRIPTION SPECIAL EVENTS EXPENSE LAW DAY AMOUNT 4,139 DESCRIPTION SPRING PARTY AMOUNT 1,541 DESCRIPTION MEMORIALS AMOUNT 250 DESCRIPTION UNCOLLECTED INCOME PREVIOUSLY REPORTED AMOUNT 1,008 TOTAL TO FORM 990-EZ, LINE 16 28,445

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION TRANSFER FROM EXCHANGE NOT RECORDED ON PRIOR RETURN AMOUNT 4,874

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION CASH DUE FROM MEMBERS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,321