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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization National Exchange Club 49 Lincolnland		<b>D</b> Employer identification number 37-6048981
		Number and street (or P O box, if mail is not delivered to street address) 1701 Fieldstone Drive		<b>E</b> Telephone number (217) 224-8484
		City or town, state or country, and ZIP + 4 Quincy, IL 62305		<b>F</b> Group Exemption Number 1097

<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <b>H</b>	
<b>I Website:</b> <u>www.lincolnlndexchange.org</u>		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are normally <b>not</b> more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ <b>\$</b> 22,226			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for 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	20,558				
	4	Investment income . . . . .		4	163				
	5a	Gross amount from sale of assets other than inventory . . . . .	5a		5c				
	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) . . . . .							
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 			6c				
	a	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	6a						
	b	Less direct expenses other than fundraising expenses . . . . .	6b						
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .							
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a		7c				
	b	Less cost of goods sold . . . . .	7b						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .								
8	Other revenue (describe  _____)		8	1,505					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 		9	22,226					
Expenses	10	Grants and similar amounts paid (attach schedule) 		10	5,000				
	11	Benefits paid to or for members . . . . .		11					
	12	Salaries, other compensation, and employee benefits . . . . .		12	3,200				
	13	Professional fees and other payments to independent contractors . . . . .		13					
	14	Occupancy, rent, utilities, and maintenance . . . . .		14					
	15	Printing, publications, postage, and shipping . . . . .		15	4,856				
	16	Other expenses (describe  _____)		16	7,899				
	17	Total expenses. Add lines 10 through 16 . . . . . 		17	20,955				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	1,271				
	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	18,329				
	20	Other changes in net assets or fund balances (attach explanation) . . . . .		20					
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 		21	19,600				

<b>Part II Balance Sheets</b> —If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II )		
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	21,177	<b>22</b> 19,795
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe  )	3,424	<b>24</b> 0
<b>25</b> <b>Total assets</b> . . . . .	24,601	<b>25</b> 19,795
<b>26</b> <b>Total liabilities</b> (describe  )	6,272	<b>26</b> 195
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	18,329	<b>27</b> 19,600

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? Exchange makes our communities a better place to live thru our program of -Americanism, Community Service, Youth Activities & Child Abuse Prevention			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> Organization operates the district-level of the National Exchange Club Purpose is education of local club leaders promotion of Exchange & overseeing district functions (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	0
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .			34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .			35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .			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 . . . . .			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶		37a	0	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .			37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .			38a	No
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 is it 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 . . . . .			40b	No
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 . . . ▶		0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		0		
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	No
41	List the states with which a copy of this return is filed ▶ _____				
42a	The organization's books are in care of ▶ Dennis G Koch _____ Telephone no ▶ (217) 224-8484 1701 Fieldstone Drive Located at ▶ Quincy, IL _____ ZIP + 4 ▶ 623056882				
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 ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
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 ▶ _____				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.			45	No

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 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	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.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	Dennis G Koch		2010-11-08		(217) 224-8484
	Dennis G Koch CPA PO Box 1007 Quincy, IL 62306		<input checked="" type="checkbox"/>		
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:  
Software Version:  
EIN: 37-6048981  
Name: National Exchange Club 49 Lincolnland

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dennis G Koch 1701 Fieldstone Dr Quincy,IL 62305	President 5 00	0	0	0
Scot Warren 2244 Flambeau Dr Naperville,IL 60564	President-Elect 3 00	0	0	0
Patti Molitor 3805 30th St Kenosha,WI 53144	Secretary 2 00	0	0	0
Mike Oster 34555 N Red Oak Gurnee,IL 60031	Treasurer 2 00	0	0	0
Dave Wentz 720 Clovetree Court Naperville,IL 60540	Immediate Past President 1 00	0	0	0
Cynthia Lee 375 S Slusser St Grayslake,IL 60030	Director 2 00	0	0	0
Janet Jacobs 82S237 Aintree Dr Naperville,IL 60540	Director 2 00	0	0	0
John Hughes 843 Croatian Ct Sycamore,IL 60178	Director 2 00	0	0	0
Susan Murphy 185 Sharp Dr Manhattan,IL 60442	Director 2 00	0	0	0
Kathy Johnson PO Box 25 Silvis,IL 61282	Director 2 00	0	0	0
John Hummel 504 E Mumford Dr Urbana,IL 61801	Director 2 00	0	0	0
John Smith 2007B E Amber Ln Urbana,IL 61802	Director 2 00	0	0	0
William VanKueren RR3 Box 211 Sullivan,IL 61951	Director 2 00	0	0	0
Freed Lauder 824 Ridgewood Dr Quincy,IL 62301	Director 2 00	0	0	0
Teresia Mueller 300 Gettysburg Rd Apt B Belleville,IL 62226	Director 2 00	0	0	0

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** National Exchange Club 49 Lincolnland**EIN:** 37-6048981

<b>Item No.</b>	1
<b>Class of Activity</b>	Scholarships
<b>Donee's Name</b>	Lincolnland XC Foundation for Youth
<b>Donee's Address</b>	1701 Fieldstone Dr Quincy, IL 62305
<b>Amount (FMV)</b>	5,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	Affiliated Foundation
<b>Description</b>	Cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2010-06

TY 2009 Other Assets Schedule

**Name:** National Exchange Club 49 Lincolnland

**EIN:** 37-6048981

Description	Beginning of Year Amount	End of Year Amount
Accounts receivable	3,424	0



## TY 2009 Other Expenses Schedule

**Name:** National Exchange Club 49 Lincolnland

**EIN:** 37-6048981

Description	Amount
District Convention	906
Mid-Year Conference	877
District Meeting Expenses	369
National Convention Expense	3,000
Office Supplies & Postage	197
Recognition	935
Training	487
Insurance	770
Club Building	358

**TY 2009 Other Liabilities Schedule****Name:** National Exchange Club 49 Lincolnland**EIN:** 37-6048981

Description	Beginning of Year Amount	End of Year Amount
Deferred revenue	5,448	0
Accrued expenses	824	195

TY 2009 Other Revenues Schedule

**Name:** National Exchange Club 49 Lincolnland

**EIN:** 37-6048981

Description	Amount
Fees	1,505

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** National Exchange Club 49 Lincolnland

**EIN:** 37-6048981

**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.