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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 black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009

, and ending 06-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization National Exchange Club 49 Lincolnland	D Employer identification number 37-6048981
Number and street (or P O box, if mail is not delivered to street address) 1701 Fieldstone Drive	E Telephone number (217) 224-8484
City or town, state or country, and ZIP + 4 Quincy, IL 62305	F Group Exemption Number ► 1097

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► www.lincolnlandexchange.org

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

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not 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.

L 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 ► \$ 22,226

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

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
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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	
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)	6c
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 ►)	8 1,505
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 22,226
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
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

Part II Balance Sheets—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
22 Cash, savings, and investments	21,177	22 19,795
23 Land and buildings		23
24 Other assets (describe ►)	3,424	24 0
25 Total assets	24,601	25 19,795
26 Total liabilities (describe ►)	6,272	26 195
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,329	27 19,600

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (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				
28 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"/>			28a 0
29				29a
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			29a
30				30a
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			30a
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			31a
32 Total program service expenses (add lines 28a through 31a) ►				32 0
Part IV List of Officers, Directors, Trustees, and Key Employees. 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 not 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 Form 990-T 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 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 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	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			
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 ► <u>Dennis G Koch</u> Telephone no ► <u>(217) 224-8484</u> 1701 Fieldstone Drive Located at ► <u>Quincy, IL</u> ZIP + 4 ► <u>623056882</u>			
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		42b	No
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 ► _____		42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —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," <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		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.

		Yes	No
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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school 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) 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 Kathy Johnson President Type or print name and title	2010-11-08 Date	

Paid Preparer's Use Only	Preparer's signature Dennis G Koch	Date	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Dennis G Koch CPA PO Box 1007 Quincy, IL 62306	EIN ►		Phone no ► (217) 224-8484

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

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