

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. 2006

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning JULY 1 2019 , 2019, and ending JUNE 30 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <input checked="" type="checkbox"/> <u>NATI</u> <u>THE EXCHANGE CLUB OF BELLEVILLE</u>		D Employer identification number <input checked="" type="checkbox"/> <u>37-604-7493</u>
	Number and street (or P.O. box if mail is not delivered to street address) <input checked="" type="checkbox"/> <u>PO BOX 24341</u>		E Telephone number <u>618 277-2737</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>BELLEVILLE IL 62223 04</u>		F Group Exemption Number ▶ <input checked="" type="checkbox"/>

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

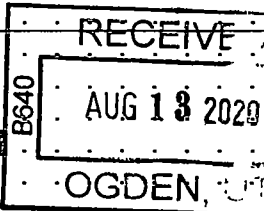
K Form of organization: Corporation Trust Association Other

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)) 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	145
	2	Program service revenue including government fees and contracts	2	-
	3	Membership dues and assessments	3	4010
	4	Investment income	4	2123
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	-
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	-
6b	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	16175	
6c	Less: direct expenses from gaming and fundraising events	6c	3506	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12669	
7a	Gross sales of inventory, less returns and allowances	7a	-	
7b	Less: cost of goods sold	7b	-	
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	-	
8	Other revenue (describe in Schedule O)	8	-	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18947	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	12718
	11	Benefits paid to or for members	11	-
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12	-
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13	-
	14	Occupancy, rent, utilities, and maintenance	14	-
	15	Printing, publications, postage, and shipping	15	585
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16	6968
	17	Total expenses. Add lines 10 through 16	17	20271
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(1324)
	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	178172
	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	176848



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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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	178,172	22 176,848
23	Land and buildings	-	23 -
24	Other assets (describe in Schedule O)	-	24 -
25	Total assets	178,172	25 176,848
26	Total liabilities (describe in Schedule O)	-	26 -
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	178,172	27 176,848

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 <input checked="" type="checkbox"/>		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
What is the organization's primary exempt purpose? <u>COMMUNITY SERVICE</u>					
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.					
28	<u>FOOD SERVICE FOR NEEDY 300 BOXES DELIVERED WITH POOP FOR 3 DAYS</u>			28a	3928
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
29	<u>MONEY DONATED TO BELLEVILLE FOOD PANTRY</u>			29a	1500
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
30	<u>SCHOLARSHIP TO STUDENT AT SWICK JR COLLEGE STUDYING CHILD CARE</u>			30a	1500
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
31	Other program services (describe in Schedule O)			31a	5790
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
32	Total program service expenses (add lines 28a through 31a)			32	12718

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 <input type="checkbox"/>				
(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
JOANN SYZDIEK PRESIDENT	4	-	-	-
RON WODARCZYK PAST PRESIDENT	2	-	-	-
KARLEN O'DELL TREASURER	5	-	-	-
JOHN LACUYER SECT	3	-	-	-
JAMES COOK DIR	1	-	-	-
JOHN REHLHAUSEN DIR	1	-	-	-
RICH KUTAWITZ DIR	1	-	-	-
EMMA SPERAW DIR	1	-	-	-
KENT BLACK DIR	1	-	-	-
CHRIS LECURER DIR	1	-	-	-

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		X
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		X
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)?		X
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		N/A
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		N/A
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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	X
41 List the states with which a copy of this return is filed ▶ ILLINOIS		
42a The organization's books are in care of ▶ KAREN O'DELL Telephone no. ▶ 618 531-0982 Located at ▶ 28 SUNNYSIDE DR BELLEVILLE IL ZIP + 4 ▶ 62226		
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 ▶ N/A	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ N/A	42c	X
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 N/A		
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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		X

	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	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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
N/A				

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
N/A		

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

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: <u>Jo Ann Syzdek</u> Type or print name and title: <u>JO ANN SYZDEK PRESIDENT</u>	Date: <u>8-6-2020</u>
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

THE EXCHANGE CLUB OF BELLEVILLE

Employer identification number

37-604-7493

LIME 10 GRANTS & SIMILAR AMTS PAID

LINDENWOOD SOFTBALL TEAM \$500

BOYSCOUTS 250

GIRL SCOUTS 250

SWIG SCHOLARSHIP 1500

ST LUKE'S 600

FIRE FIGHTERS DINNER 573

POLICEMENS DINNER 825

FOOD PANTRY 1500

DOWNTOWN KIDS HALLOWEEN 198

AFTER PROM (WEST) 250

PUBLIC SQUARE DECORATIONS 141

CHRISTMAS BASKETS (FOOD) 3928

GIVE A KID A FLAG TO WAIVE 100

PARKS & REC 500

ST VINCENT DE PALL 400

SLEEP IN HEAVENLY PLACE 700

NEW BEGINNINGS 500

\$12715

CHANGE DROPPED IN LISTING 3

\$12718

Name of the organization

Employer identification number

THE EXCHANGE CLUB OF BELLEVILLE

37-604-7493

LINE 16 OTHER EXPENSES

DISTRICT CONVENTION \$ 289

DISTRICT DUES 693

FLOWERS FOR SICK 91

INSTALLATION DINNER 999

MISC 152

NATIONAL DUES 3317

STATE OF ILLINOIS 130

SUPPLIES 68

EXCHANGE OF YEAR PROGRAM 1226

\$ 6965

CHANGE DROPPED IN LISTING 3

\$ 6968