

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

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

C Name of organization: National Exchange Club, 49 Lincolnland
Number and street (or P O box, if mail is not delivered to street address): 1701 Fieldstone Drive
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Quincy, IL 62305

D Employer identification number: 37-6048981
E Telephone number: (217) 224-8484
F Group Exemption Number: 1097

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: www.lincolnlandexchange.org
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 _____

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. \$ 15,135

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.

Table with 21 rows and 2 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-21 are Net Assets. Total revenue is 15,135 and total expenses is 13,698. Net assets at end of year are 25,375.

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	23,938	22	25,375
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	23,938	25	25,375
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)	23,938	27	25,375

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, 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 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>See Additional Data Table</u>			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	8,698

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
William Froese President	5 00	0	0	0
Dawn Portner Immediate Past President	2 00	0	0	0
Lyla Chandy Secretary	2 00	0	0	0
Lisa Alsip Treasurer	2 00	0	0	0
Cynthia Lee Director	2 00	0	0	0
Janet Jacobs Director	2 00	0	0	0
Scot Warren Director	2 00	0	0	0
George Bode Director	2 00	0	0	0
Joe Johnson Director	2 00	0	0	0
John Hummel Director	2 00	0	0	0
William VanKeuren Director	2 00	0	0	0
Joel Koch Director	2 00	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

Table with columns for question number, question text, and Yes/No response. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 2017-11-04 Date
Emy Trotz President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Dennis G Koch Preparer's signature Date 2017-10-30 Check [X] if self-employed PTIN P01210686
Firm's name Dennis G Koch CPA Firm's EIN 20-8896204
Firm's address PO Box 1007 Quincy, IL 62306 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 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.)	
<p>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 \$ 5,000)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	8,698

TY 2016 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.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
National Exchange Club
49 Lincolnland**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

37-6048981

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description Fees Amount 587

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Scholarships Grantee Name Lincolnland XC Foundation for Youth Grantee Address 1701 Fieldstone Dr Quincy, IL 62305 Grantee Relationship Affiliated Foundation Property Description Cash Date of Gift 06/11/17 Amount Given 4,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Contribution Grantee Name National XC Foundation Grantee Address 3050 Central Ave Toledo, OH 43606 Grantee Relationship Affiliated Foundation Property Description Cash Date of Gift 06/11/17 Amount Given 1,000 Total included on Form 990-EZ, line 10 5,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description District Convention Amount 1,400 Description National Convention Expense Amount 360 Description Office Supplies & Postage Amount 640 Description Recognition Amount 1,023 Description Training Amount 840 Description Insurance Amount 831 Description Meetings Amount 2,664 Description Club Building Amount 277 Description Web Site Amount 663 Total to Form 990-EZ, line 16 8,698