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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

year may use this form

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 org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the 2008

OMB No 1545 1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements 2009 11/01 , 2008, and ending 10/31For the 2008 calendar year, or tax year beginning D Employer identification number Check if applicable Plasca Address change 23-7321872 use IRS label or DWIGHT D. EISENHOWER SOCIETY Name change PO BOX 4772 Telephone number print or GETTYSBURG, PA 17325 Initial return 717-334-8993 Termination Specific Instruc-Amended return Group Exemption Number Application pending Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Cash Other (specify) Check if the organization is not required to attach Schedule B (Form 990. Website: ► N/A 990-EZ, or 990-PF) X 501(c) (3) ◄ (insert no) 4947(a)(1) or Organization type (check only one) -If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than Check ► \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 159.236. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 12,214 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 20,344. Investment income 126,678 5a 5a Gross amount from sale of assets other than inventory 5Ы 133,129. b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) SEE STATEMENT 1 5c -6,451. 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here of contributions a Gross revenue (not including \$ 6a reported on line 1) 6Ы **b** Less direct expenses other than fundraising expenses 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 7 a b Less cost of goods sold RECEIVED 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a 8 ũ Other revenue (describe > ö Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7d, 2nd 8) MAR 0 8 2010 9 26,107. SEE STATEMENT 2 10 49,161. Grants and similar amounts paid (attach schedule) 10 Salaries, other compensation, and employee benefits GDEN, UT 11 12 12 1,175. 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Other expenses (describe • SEE STATEMENT 3 9,629. 16 16 59,965. 17 Total expenses (add lines 10 through 16) 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -33,858. 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 793,254. figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 21 759,396. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 793,254. 22 Cash, savings, and investments 22 759,396. 23 23 Land and buildings 24 Other assets (describe 24 793,254. 25 759,396. 25 Total assets 0. 26 Total liabilities (describe 0. 26 793,254. **27** 759,396. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Form	990-EZ (2008) DWIGHT D. EISEN	HOWER SOCIETY		23	-732	21872 Page 2
Par	t III Statement of Program Se	rvice Accomplishments	s (See the instructi	ions.)		Expenses
Desc	is the organization's primary exempt purpose? <u>SEI</u> cribe what was achieved in carrying out the ribe the services provided, the number of ram title	E STATEMENT 4 e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for e	ncise manner, each	and 6 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers.)
28	EDUCATION OF THE PUBLIC C	ER				
29	(Grants \$ 49,161.) If th		28 a	49,161.		
	(Grants \$) If th	29 a				
30						
31	Other program services (attach schedule	is amount includes foreign gra)	ants, check here	-	30 a	
	Total program service expenses (add lin			<u> </u>	31 a 32	49,161.
Par	t IV List of Officers, Directors	<u>, Trustees, and Key Em</u>	iployees. (List each d	one even if not co	mpen	sated See the instrs)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	
JAC	QUELINE WHITE	PRESIDENT 0	0.		0.	0.
	TYSBURG, PA 17325					
207	PHEN R GIBBLE HARVARD AVE INT GRETNA, PA 17064	VICE PRESIDENT 0	0.		0.	0.
B/0	GENERAL SAMUEL K LESSEY, J BOX 57	R CHAIRMAN 0	0.		0.	0.
DR	WALTON C JONES SUNSET AVE	VICE CHAIRMAN	0.		0.	0.
GET	TYSBURG, PA 17325	TREASURER	0.		0.	0.
920	JOHN J MCCAMBRIDGE 00 FALLS RUN RD .EAN, VA 22102	TREASURER 0	0.		υ.	0.
JAN 84	MES_ROACHKNOXLYN-ORRTANNA_RD	SECRETARY 0	0.		0.	0.
GET	TYSBURG, PA 17325		<u></u>			
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			-			
				!		

Page 3

'ai	rt V, 1 Other Information (Note the statement requirement in General Instruction V.)			
	ſ		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		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	<u> </u>	X
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 your reason for not reporting the income on Form 990-T			
â	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
ŧ	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
3 7 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
t	b Did the organization file Form 1120-POL for this year?	37 b	ļ	X
38 a	a 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 unpaid at the start of the period covered by this return?	38 a		Х
ŧ	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A			
	b Gross receipts, included on line 9, for public use of club facilities. a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ŧ	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		Х
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•		
c	d Enter amount of tax on line 40c reimbursed by the organization	-		
e	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	40 e		Х
41	List the states with which a copy of this return is filed NONE	700		Λ
42 a	a The books are in care of ► JACQUELINE WHITE Located at ► GETTYSBURG, PA Telephone no ► 717-33 ZIP + 4 ► 17325	4-8	993_	
	Located at ► GETTYSBURG, PA ZIP + 4 ► 17325			
Ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If 'Yes,' enter the name of the foreign country	1		
		-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		<u>X</u>
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		Х

-	EZ (2008) DWIGHT D. EISENHOWE			23-7321			age 4					
Part VI	and complete the tables for lines 50 and 51. SEE STATEMENT 5											
		• • •				Yes	No					
46 Did the	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C	t political campaign act , Part I	ivities on behalf of o	r in opposition to candidates	46		X					
•	he organization engage in lobbying activiti	·	Schedule C, Part II		47		X					
48 Is the	e organization operating a school as desci	ribed in section 170(b)(1)(A)(ıı)? If 'Yes,' cor	mplete Schedule E	48		X					
	he organization make any transfers to an	•	related organization?)	49a		X					
	es,' was the related organization(s) a secti	-			49b							
50 Comp	plete this table for the five highest comper ved more than \$100,000 of compensation	nsated employees (othe from the organization.	r than officers, directly there is none, enter	tors, trustees and key emplo er 'None '	yees) who	each						
	(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 and deferred compensation											
NONE												
	· · · · · · · · · · · · · · · · · · ·											
Total number	of other employees paid over \$100,000				•							
Total Hamber	or other employees paid over \$100,000											
51 Comp	plete this table for the five highest comper	nsated independent con	tractors who each re	eceived more than \$100,000	of compens	sation	i					
	the organization. If there is none, enter 'N											
NONE	(a) Name and address of each independent conti	actor paid more than \$100,000)	(b) Type of service	(c) Compe	ensatio	,					
NONE _												
				- "-								
Total numb	per of other independent contractors recei	_ <u> </u>	•									
	Under penalties of perjury, I declare that I have examined, compett, and complete. Declaration of preparer	nined this return, including accordance (other than officer) is based on	ompanying schedules and s all information of which pr	statements, and to the best of my kno eparer has any knowledge	owledge and b	elief, it	IS					
	() acqualing ()	Blito		Dannan	. 28,0	201	0					
Sign Here	Signature of princer	mul		park	00,0	207	<u> </u>					
TICIC	VACQUELINE WHITE PRESIDENT											
	Type or print name and title											
Paid	Preparer's signature	(Dx)	Date 1 / 1 1 /		parer's Identify e instructions)	nng Nu S¥€/	mber					
Pre-		THE STATE OF THE S	1/11/	10 employed	2000	DOK	ц					
parer's Use	yours if self 113 S MARKET ST	.y.		EIN ► 2	23-2003	867						
Only	address and	PA 17022		Phone no ► (717) 367-9							
May the IR	S discuss this return with the preparer sh	own above? See instruc	ctions		►X Yes		No					

Form **990-EZ** (2008)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name o	Name of the organization Employer identification number											
	WIGHT D. EISENHOWER SOCIETY 23-7321872 art I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)											
Part	1	Re	ason for Pu	blic Charity Statu	ıs (All organizatıons	must	compl	ete thi	s part	.) (see	instru	ctions)
The o	rgar	nızat	on is not a priv	vate foundation becaus	se it is. (Please check on	ly one o	rganiza	tion)				
1		A ch	urch, conventi	on of churches or asso	ociation of churches desc	ribed in	section	1 70(b) (1)(A)(i).			
2		A so	hool described	I in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)											
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's											
		nam	e, city, and sta	ate		-		_				
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8					70(b)(1)(A)(vi). (Complete	e Part II)					
9	$\overline{\square}$.	An c	rganization tha	at normally receives (1) more than 33-1/3 % of	its supp	ort from	contrib	utions,	member	ship fee	s, and gross receipts
		from inve:	i activities relat stment income	ted to its exempt funct	ions — subject to certain ss taxable income (less s	exception	ons, and	(2) no i	nore th	an 33-1/	3 % of it	s support from gross
10	\Box	An c	rganization org	ganized and operated	exclusively to test for put	olic safe	ty See	section	509(a)(4). (see	instructio	ons)
11	ш,	more	publicly supp	orted organizations de	exclusively for the beneficescribed in section 509(a) ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of See s	, or carr ection 5	y out the 09(a)(3).	purposes of one or Check the box that
		a F	Type I	b Type II	<u> </u>	– Func	-		ed		d \square	Type III- Other
е	_	ــــ	,		ganization is not controlle		•	•		r more o	تے۔۔۔ disqualifi	,,
	_ ;	than 509(foundation ma a)(2)	anagers and other than	one or more publicly su	pported	organiz	ations d	escribe	d in sect	ion 509(i	a)(1) or section
f			e organization i k this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganization,
g				006, has the organizat	ion accepted any gift or	contribu	ıtıan frai	n anv o	f the fol	lowina p	ersons?	
9			- /g, _	g	g							Yes No
	•	(i)	a person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or to apported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)
	((ii)	a family mem	ber of a person desci	ribed in (i) above?							11 g (ii)
	((iii)	a 35% contro	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)
h		Prov	ide the following	ng information about th	ne organizations the orga	nızatıon	support	s				
	(1)		of Supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?			(vi) Is the organization in col (i) organized in the US?		(vii) Amount of Support	
						Yes	No	Yes	No	Yes	No	
	_		.									
										<u> </u>		
				_								
					-							
Total	_			7117								

Page 2

Par	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)	(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1.)			
Sec	tion A. Public Support		<u>-</u>				
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	13,812.	15,066.	14,906.	19,754.	12,214.	75,752.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	13,812.	15,066.	14,906.	19,754.	12,214.	75,752.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						75,752.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	13,812.	15,066.	14,906.	19,754.	12,214.	75,752.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	29,715.	28,533.	25,829.	22,743.	20,344.	127,164.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						202,916.
12	Gross receipts from related activ	ities, etc. (see inst	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here.		i, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						27.2
	Public support percentage for 20 Public support percentage for 20	•		11, column (f)		14	37.3 % 36.1 %
16	33-1/3 support test - 2008. If the and stop here. The organization	organization did r qualifies as a publ	not check the box licly supported org	on line 13, and t ganization	the line 14 is 33-1/	3 % or more, chec	k this box ► X
ı	33-1/3 support test — 2007. If the and stop here. The organization	organization did r qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, ganization	and line 15 is 33-1	/3% or more, chec	ck this box
17 a	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	' test, check this b	oox and stop here.	. Explain in Part IV	how
ı	o 10%-facts-and-circumstances ter or more, and if the organization in organization meets the 'facts-and	meets the 'facts∙aı	nd-circumstances'	' test, check this b	oox and stop here.	. Explain in Part IV	is 10% how the
18	Private foundation. If the organiz	zation did not chec	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instri	uctions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the box on line 9 of Part I.)										
Sec	Section A. Public Support										
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total			
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			· · · · · · · · · · · · · · · · · · ·							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
7a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000										
С	Add lines 7a and 7b										
8	Public support (Subtract line				ļ						
	7c from line 6)										
<u>Sec</u>	tion B. Total Support										
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total			
	Amounts from line 6				ļ		_	 			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources										
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
13 14	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3)	▶ □			
Sec	tion C. Computation of Pu		Percentage								
	Public support percentage for 20			: 13, column (f))			15	%			
16	Public support percentage from 2					-	16	%			
	tion D. Computation of Inv				_						
17	Investment income percentage for				mn (f))		17	%			
18	Investment income percentage fi						18	%			
19 a	33-1/3 support tests — 2008. If the more than 33-1/3%, check this b	ne organization did ox and stop here.	l not check the bo The organization	x on line 14, and qualifies as a pul	blicly supported or	ganization					
	33-1/3 support tests – 2007. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppoi	ted organiza	tion	line 18			
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

Part IV	Supplem Part II, III	or 990-E2 I ental In ne 17a (formation for 17b; or	n. Comp Part III,	lete this line 12.	part to p Provide	orovide the any other	e explanational	on required information	by Part II, I i. (see instr	ine 10; uctions)
										_	
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FEDERAL STATEMENTS PAGE 1 2008 **CLIENT 26625** DWIGHT D. EISENHOWER SOCIETY 23-7321872 12 05PM 1/11/10 STATEMENT 1 FORM 990-EZ, PART I, LINE 5C **NET GAIN (LOSS) FROM NONINVENTORY SALES** PUBLICLY TRADED SECURITIES GROSS SALES PRICE: 126,678. COST OR OTHER BASIS: 133,129. TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -6,451. TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -6,451. **STATEMENT 2** FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID** CLASS OF ACTIVITY: EDUCATION DONEE'S NAME: EISENHOWER NATL HIST SITE GETTYSBURG, PA 17325, RELATIONSHIP OF DONEE: NONE \$ 15,250. CASH AMOUNT GIVEN: DONEE'S NAME: NATIONAL PARK SERVICE GETTYSBURG, PA, RELATIONSHIP OF DONEE: NONE 500. CASH AMOUNT GIVEN: \$ DONEE'S NAME: GETTYSBURG COLLEGE GETTYSBURG, PA 17325, RELATIONSHIP OF DONEE: NONE CASH AMOUNT GIVEN: \$ 25,540. DONEE'S NAME: GETTYSBURG FOUNDATION GETTYSBURG, PA 17325 RELATIONSHIP OF DONEE: NONE 7,500. CASH AMOUNT GIVEN: \$ CLASS OF ACTIVITY: EDUCATION GETTYSBURG BOROUGH GETTYSBURG, PA 17325 DONEE'S NAME: CASH AMOUNT GIVEN: \$ 371. STATEMENT 3 FORM 990-EZ, PART I, LINE 16 **OTHER EXPENSES** INSURANCE 1,755. INVESTMENT EXPENSE 5,463. SUPPLIES 2,170. 24<u>1.</u> **TAXES** 9,629. TOTAL 🕏

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT 26625

DWIGHT D. EISENHOWER SOCIETY

23-7321872

1/11/10

12.13PM

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATION OF THE PUBLIC ON THE LIFE OF DWIGHT D. EISENHOWER

STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO