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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning **NOVEMBER 1**, 2008, and ending **OCTOBER 31**, 2009**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

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

C Name of organization**GRAFTON BLUE LINE CLUB, INC.**

Number and street (or P O box, if mail is not delivered to street address)

P.O. BOX 352

Room/suite

City or town, state or country, and ZIP + 4

GRAFTON, ND 58237**D** Employer identification number**45-0365026****E** Telephone number**701-352-0323****F** Group Exemption Number . . . ►• **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: ►**J** Organization type (check only one) – ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **441,076****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	40,000
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☒		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	365,758
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	267,784
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	97,974
	7a	Gross sales of inventory, less returns and allowances	7a	35,318
	7b	Less: cost of goods sold	7b	21,110
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,208
	8	Other revenue (describe ►)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	152,182
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE STATEMENT 1)	16	316,482
	17	Total expenses. Add lines 10 through 16	17	316,482
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(164,300)
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	207,711	
20	Other changes in net assets or fund balances (attach explanation) Other Adjustment	20	4,180	
21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	47,591	

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
22 Cash, savings, and investments	218,837	22 43,409
23 Land and buildings	5,874	23 4,182
24 Other assets (describe ►)		24
25 Total assets	224,711	25 47,591
26 Total liabilities (describe ►)	17,000	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	207,711	27 47,591

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

Form **990-EZ** (2008)

SCANNED JUL 30 2010

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses
(Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts,
optional for others)

What is the organization's primary exempt purpose? REDUCE BURDEN OF GOVERNMENT

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, or other relevant information for each program title.

28 THE ORGANIZATION PROVIDES A WINTER SPORTS ARENA FOR THE CITY OF GRAFTON
ND AND MAKES CAPITAL IMPROVEMENTS TO SUCH ARENA. AS A RESULT THE
ORGANIZATION REDUCES THE BURDEN ON THE CITY OF GRAFTON BY PAYING FOR
 (Grants \$) If this amount includes foreign grants, check here ☐

28a

29 THE FACILITY AND CAPITAL IMPROVEMENTS. THE BUILDING IS FOR THE USE OF
THE GENERAL PUBLIC.

29a

(Grants \$) If this amount includes foreign grants, check here ►

30 _____

30a

(Grants \$) If this amount includes foreign grants, check here ▶

31 Other program services (attach schedule)

31a

(Grants \$) If this amount includes foreign grants, check here ►

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	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		X
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		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.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction 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	
b Did the organization file Form 1120-POL for this year?	37b	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 unpaid at the start of the period covered by this return?	38a	X
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	NONE	
Section 4912	NONE	
Section 4955	NONE	
b Section 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	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
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	NONE - ND DOES NOT REQUIRE	
42a The books are in care of	JODY LAHAISE Telephone no 701-520-3317	
Located at	GRAFTON, ND ZIP + 4 58237	
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)?	Yes	No
If "Yes," enter the name of the foreign country:	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	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 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	X
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	X

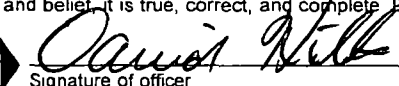
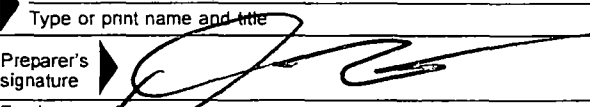
Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- | | 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 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | X |
- 50** Complete this table for the 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
NONE - ALL VOLUNTEERS				
Total number of other employees paid over \$100,000 ▶				

- 51** Complete this table for the 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
NONE		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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 6-14-2010		
Paid Preparer's Use Only	 DAVID HILLS, VICE PRESIDENT Type or print name and title		Date 6-14-2010 Check if self-employed ☒
	Firm's name (or yours if self-employed) DANIEL L GAUSTAD address, and ZIP + 4 P.O. BOX 352 GRAFTON, ND 58237		Preparer's Identifying Number (See instructions) 501-88-0275 EIN 90-0017925 Phone no 701-352-3262
	May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

GRAFTON BLUE LINE CLUB, INC.

Employer identification number

45-0365026

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 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 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ 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 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					40,000	40,000
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	169,156	280,577	327,823	447,961	401,076	1,626,593
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	169,156	280,577	327,823	447,961	441,076	1,666,593
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)						
6 Public support. Subtract line 5 from line 4						1,666,593

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	169,156	280,577	327,823	447,961	441,076	1,666,593
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	566	240		844		1,650
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1,668,243
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	71.65 %
16a 33⅓% support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33⅓% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

Area for supplemental information with horizontal dashed lines.

GRAFTON BLUELINE CLUB, INC.
P.O. BOX 352
GRAFTON, ND 58237
EIN: 45-0365026

STATEMENT 1 - OTHER EXPENSES, LINE 16, PART I, FORM 990-EZ

<u>Description</u>	<u>Amount</u>
Depreciation - See Statement 3	\$1,692
Rent	\$1,472
Postage/Supplies	\$696
Repairs	\$4,301
Miscellaneous	\$1,895
Loan Repayment (see statement 4)	\$14,119
Donation	\$3,250
Donation-City of Grafton Arena Improvements	\$49,770
Donation-City of Grafton Arena Improvements	\$196,232
Donation-Henry Corneille Benefit	\$300
Donation-North Valley Career & Tech	\$200
Donation-Youth Hockey Programs	\$39,555
Donation-Fair Oaks Golf Course	<u>\$3,000</u>
 Total Other Expenses, Line 16, Part I, Form 990-EZ	 <u>\$316,482</u>

GRAFTON BLUELINE CLUB, INC.
P.O. BOX 352
GRAFTON, ND 58237
EIN: 45-0365026

STATEMENT 2 - DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES (LINE 6b, PART I, FORM 990-EZ)

Charitable
Gaming

Less Direct Expenses from special events/activities:

Payroll	\$78,145
Investigation - employee expense	\$5,881
941 Tax	\$19,326
Office Supplies	\$3,541
Telephone	\$1,313
Camera/Machine Lease	\$11,445
Non-sufficient fund check expense/Bank Charges	\$3,167
Rent	\$16,500
Workers Compensation Insurance/Unemployment	\$976
Prize/Gaming Expense	\$71,842
ND Bingo Sales/ND Excise Tax and ND Gaming Tax	\$55,058
Miscellaneous	\$590
Total Direct Expenses (to line 6b, Part I, Form 990-EZ)	<u>\$267,784</u>

GRAFTON BLUELINE CLUB, INC.
P.O. BOX 352
GRAFTON, ND 58237
EIN: 45-0365026

STATEMENT 3 - FISCAL YEAR END 10/31/2009 - DEPRECIATION SCHEDULE

Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Current Section 179	Prior Section 179	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Vending Machine	10/31/94		\$3,330		\$0	\$0	\$3,330	\$3,330	200DB HY	7	0.00%	\$0
Vending Machine	11/11/96		\$2,200		\$0	\$0	\$2,200	\$2,200	200DB HY	7	0.00%	\$0
Refrigerator	4/1/97		\$603		\$0	\$0	\$603	\$603	200DB HY	7	0.00%	\$0
Dakota Food Equipment	11/25/97		\$970		\$0	\$0	\$970	\$970	200DB HY	7	0.00%	\$0
Tables	4/14/99		\$598		\$0	\$0	\$598	\$598	200DB HY	7	0.00%	\$0
Microwave	5/25/00		\$75		\$0	\$0	\$75	\$75	200DB HY	7	0.00%	\$0
Oven	11/17/00		\$535		\$0	\$0	\$535	\$535	200DB HY	7	0.00%	\$0
Television	12/5/00		\$435		\$0	\$0	\$435	\$435	200DB HY	7	0.00%	\$0
Concession Wiring	12/19/00		\$2,135		\$0	\$0	\$2,135	\$2,135	200DB HY	7	0.00%	\$0
Stainless Steel Table	3/27/01		\$506		\$0	\$0	\$506	\$506	200DB HY	7	0.00%	\$0
Gaming Surveillance Equipment	7/1/01		\$4,246		\$0	\$0	\$4,246	\$4,246	200DB HY	7	0.00%	\$0
Gaming Equipment	7/1/01		\$8,087		\$0	\$0	\$8,087	\$8,087	200DB HY	7	0.00%	\$0
Crock Pots	11/1/01		\$299		\$0	\$0	\$299	\$286	200DB HY	7	4.46%	\$13
Microwave	2/9/02		\$74		\$0	\$0	\$74	\$72	200DB HY	7	4.46%	\$3
Coffemaker	11/14/02		\$200		\$0	\$0	\$200	\$174	200DB HY	7	4.46%	\$9
Freezer	12/9/04		\$203		\$0	\$0	\$203	\$140	200DB HY	7	8.93%	\$18
Floor Scrubber	11/6/05		\$2,800		\$0	\$0	\$2,800	\$1,576	200DB HY	7	12.49%	\$350
Gaming Equipment	7/1/06		\$6,675		\$0	\$0	\$6,675	\$3,756	200DB HY	7	12.49%	\$834
Gaming Equipment	9/14/06		\$3,719		\$0	\$0	\$3,719	\$2,092	200DB HY	7	12.49%	\$465
Total			\$37,690		\$0	\$0	\$37,690	\$31,816				\$1,692

GRAFTON BLUELINE CLUB, INC.
P.O. BOX 352
GRAFTON, ND 58237
EIN: 45-0365026

STATEMENT 4 - BALANCE SHEET, PART IV, FORM 990

	Beginning of Year <u>11/1/08</u>	End of Year <u>12/31/09</u>
<u>Assets:</u>		
Cash, Savings, and Investments	\$ 218,837	\$ 43,409
Equipment, Land and Buildings	\$5,874	\$4,182
Total Assets	<u>\$224,711</u>	<u>\$47,591</u>
<u>Liabilities:</u>		
Building Loan Payable	\$0	\$0
Game Site Reserve Funds	\$17,000	\$0
Gaming Site Loan Payable	\$0	\$0
Total Liabilities	<u>\$17,000</u>	<u>\$0</u>
Net assets or fund balances	<u>\$207,711</u>	<u>\$47,591</u>

Note:

During Fiscal Year Ending 10/31/07, Grafton Blue Line Club purchased hockey boards for arena in Grafton, ND. The organization entered into a loan with City of Grafton, ND for \$133,000 which will be repaid through its concession receipts.