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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

SCANNED JUL 0 9 2010

#### **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

OMB No 1545 1150

2009

Open to Public Inspection

A	For the		ear, or tax year beginning	, 2009, and er			·	
В						D Employer identification number		
	Address change   Please use IRS   FREIGHTLINER CHASSIS OWNERS CLUB					91-1769899		
	Illahel or Leo ca Day overseo Dayers						e number	
	Initial retu	urn type	[-					
	Termination		MELBOURNE, FL 32934-7892			(321)	704-0695	
	Amended	return Instruc-			l <sub>E</sub>	Group F	Exemption	
	Application	on pending			ľ	Number		
		Section F01/aV2	) organizations and 4047/sV(1) management	t abaritable trusta	G Accounting me	thod.	X Cash Accrual	
	•	must atta	) organizations and 4947(a)(1) nonexemp och a completed Schedule A (Form 990 or	(Charitable trusts 990-EZ).	Other (specify)		- Casir _ / /ccruar	
							rganization is <b>not</b>	
	Website	e:► N/A					edule B (Form 990,	
i.		mpt status (check on	ly one) —  X  501(c) ( 7 ) ◀ (insert no )	4947(a)(1) or 527	990-EZ, or 990		sadie B (i omi 550,	
+	Check 1		nization is not a section 509(a)(3) support	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			at many than	
r		0 4 Form 990-F	Z or Form 990 return is not required, but i	f the organization chooses	to file a return he	umany n	file a complete return	
_						3016 (0	——————————————————————————————————————	
L	Add line	ies 5b, 6b, and 7l I of Form 990-EZ	b, to line 9 to determine gross receipts, if	\$500,000 or more, file For	rm 990	►Ś	101,884.	
<u> </u>				and as Fried Dalas	ana (Can Na in	<u> </u>		
Pa	rt I		xpenses, and Changes in Net A		ices (See the in	$\neg$	ons for Part I.)	
	J	_	s, grants, and similar amounts received			1	<u></u>	
	<b>2</b> P	Program service r	evenue including government fees and co	ontracts		2		
	3 M	Nembership dues	and assessments			3	27,645.	
	<b>4</b> In	nvestment incom	e			4	2,231.	
	5a G	Gross amount from	m sale of assets other than inventory	5a				
			er basis and sales expenses	5b		7		
R			e of assets other than inventory (Subtract in 5b from			_ 5c	l	
E	i	• •	ivities (complete applicable parts of Schedule G). If a	•	k hore		<del></del>	
Ė	· ·	•		•	Hore		ł	
REVENUE		Gross revenue (n		contributions	C1 700	,   :		
E		eported on line 1	•	6a	61,733		1	
			nses other than fundraising expenses	<u>6</u> b	77,620	<u>'-</u>	l	
	c N∈	let income or (loss) fi	rom special events and activities (Subtract line 6b fro		•	6c	-15,887.	
	7a G	Gross sales of inv	entory, less returns and allowances	7a			1	
	b Le	ess, cost of good	ds sold	. 7b				
	c G	Gross profit or (lo	ss) from sales of inventory (Subtract line	7b from line 7a)		7 c		
	8 01	ther revenue (describ	e > SEE STATEMENT 1		)	8	10,275.	
	1		ld lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	D =		▶ 9	24,264.	
_				<del>- HECE</del>	IVED	10		
			r amounts paid (attach schedule).				<del> </del>	
E		Benefits paid to o		[22]	. 70	11	<del> </del>	
P	1		mpensation, and employee benefits	ractors   MAY A	£ 2010   201	. 12	600	
EXPENSE	J		and other payments to independent conti	ractors		. 13	600.	
ŝ	14 0	Occupancy, rent,	utilities, and maintenance .	00/2	- SS	14		
S			ons, postage, and shipping	OGDE	VIII T	15	24,212.	
	16 0	Other expenses (descri	be SEE STATEMENT 2			16	25,098.	
	17 T	otal expenses. /	Add lines 10 through 16			▶ 17	49,910.	
	18 E	excess or (deficit)	for the year (Subtract line 17 from line 9	,	•	18	-25,646.	
N S	l .		d balances at beginning of year (from line		ree with and of year			
	19 N	vet assets or funt joure reported on	o balances at beginning of year (from line in prior year's return).	27, column (A)) (must agi	ree with end-or-year	19	<u>161,97</u> 5.	
ËS	20 0	• .	net assets or fund balances (attach expla	nation)	• •	20		
Ś		-	•		•	▶ 21	136,329.	
			d balances at end of year. Combine lines		· · · · · · · · · · · · · · · · · · ·			
Pa	ırt II	Balance Sr	neets. If Total assets on line 25, column	(B) are \$1,250,000 or mor	T			
			(See the instructions for Part II.)		(A) Beginning of		(B) End of year	
22	•	, savings, and in	vestments		167,4	_	126,154.	
23		and buildings				23		
24	Other	r assets (describi	e > <u>SEE STATEMENT 3</u>	) .		24	10,175.	
25		assets			167,4		136,329.	
26	Total	liabilities (descr	be SEE STATEMENT 4	)	5,50		0.	
_27	Net a	ssets or fund ba	lances (line 27 of column (B) must agree	with line 21)	161,9	75. <b>27</b>	136,329.	
ВА	A For P	Privacy Act and P	aperwork Reduction Act Notice, see sepa	arate instructions.			Form <b>990-EZ</b> (2009)	

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. TEEA0803L 01/30/10

	990-EZ (2009) FREIGHTLINER CH				-176	59899 Page <b>2</b>
Par			s (See the instruct	ions.)		Expenses
What i	s the organization's primary exempt purpose? <u>SE</u>	E STATEMENT 5	· - <del></del>		(Reg 5017	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)
Desc	ribe what was achieved in carrying out the libe the services provided, the number of	e organization's exempt purpo	oses. In a clear and cor	icise manner,	orga	nizations and section
progr	am title	persons benefited, or other r	elevant information for	eacn	494/ for o	(a)(1) trusts, optional thers.)
28						
	(Grants \$ ) If th	a amount maludas farsian as	anta abask bara		28 a	
-00	(Grants 9 ) II th	is amount includes foreign gr	ants, check here		202	<del></del>
29						
			<b>-</b>			
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		29 a	
30						
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here		30 a	
31	Other program services (attach schedule					
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add lin		•	-	32	
Par			nployees. List each o	ne even if not com	pens	ated. (See the instrs.)
<u> </u>		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans	s and	and other allowances
BON	CTTOED	to position		deferred compensat		
	SLIGER	PRESIDENT	0.	ĺ	0.	0.
	1 PALOMINO DRIVE	0		ł		
MEL	BOURNE, FL 32934-7892					
STE	VE_BATORSON	VICE PRESIDENT	0.	ŀ	0.	0.
450	5 N SANDERS RD	0		1		
TUC	SON, AZ 85735					
	K KENNEDY	TREASURER	0.		0.	0.
	RAINBOW DRIVE #5878	0				
	INGSTON, TX 77399	Ĭ				
	BARA KNUTSON	SECRETARY	0.		0.	0.
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	5 SW PARK DRIVE	0				,
ROA	NTON BEACH, FL 33426		<u> </u>			
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BAA		TEEA0812L 0	01/30/10			Form <b>990-EZ</b> (2009)

Dut the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity.  34 Were any changes made to the organization or governing documents? If Yes, attach a conformed copy of the changes and activity.  35 If the organization had some from bissines, startified, such as floor reported on line 2, 6s, and 2 (smang others), but not reported on Fine 3.1 and 3.	Part V Other Information (Note the statement requirements in the instrs for Part V.)			
## Were any changes made to the organizang or governing documents? If Yes, attach a conformed copy of the changes  ## Were any changes made to the organization of ent organization of ent organization and settings.  ## ## ## ## ## ## ## ## ## ## ## ## ##			Yes	No
34 Were any changes made to the organization or governing documents? If Yes, attach a conformed copy of the changes of the department of the properties and the properties of		33		v
ab Of the organization with resident deplaness gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy lax requirements?  35 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If the section of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If the organization before from 120-POL for this year?  37 Enter amount of political expenditures, direct or indirect, as described in the instructions.  38 Did the organization before from 120-POL for this year?  38 Did the organization before from 120-POL for this year?  38 Did the organization before from 120-POL for this year?  38 Did the organization before from 120-POL for this year?  39 Section 501 (c)(7) organizations. Enter and still culstraining at the end of the period covered by this return?  39 Section 501 (c)(7) organizations. Enter amount of tax interests of the year unders:  30 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of the organization during the year unders:  30 Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4959 excess benefit forested organization and the period organization. Proof From 500 or 300-E27 (f) and 501 (c)(4) organizations. Enter amount of tax imposed on the organization and the period organization. Proof From 500 or 300-E27 (f) and 501 (c)(4) organizations. Enter amount of tax imposed on organization and the period organization. Proof From 500 or 300-E27 (f) and 501 (c)(4) organizations. Enter amount of tax organization and 4958 excess benefit forested by the organization.  40 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization and the forested organization. Proof 500 (c) and 500 (c)(4) organizations. Enter amount of tax				
reporting, and proxy tax requirements?  bif Yes, Sins if filed a tax return on Form 99-T for this year?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if 17%; complete applicable parts of Steedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37b	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.			
b If Yes, has it filed a tax return on Form 990-T for this year?  35 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  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37b Enter amount of political expenditures, direct or indirect, as described in the instructions  37b Enter amount of political expenditures, direct or indirect, as described in the instructions  37b Enter amount of political expenditures, direct or indirect, as described in the instructions  37b Enter any such loans made in a prior year and still distalanding at the end of the period covered by this return?  38a D the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and instructions included on line 9  38b N/A  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39ction 4911	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?	e,   35a		x
year? If Yes,' complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b) of the organization file Form 1120-POL for this year?  38a Dd the organization forms from, or make any loans to, any officer, director, frustlee, 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?  b) if Yes,' complete Schedule L, Part II and enter the total amount involved amount involved 38a Section 501(c)(7) organizations. Enter.  in Initiation fees and capital contributions included on line 9 b) Gross receipts, included on line 9, for public use of club facilities 48a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: section 4911 ** N/A; section 4912 ** N/A; section 4958 excess benefit intrinsaction during the year or is if aware that it engaged in an excess benefit intrinsaction of unity of the organization on organization or discovered by the organization or of the organization or organization or organization or organization or organization organization organization organization. Enter amount of tax imposed on organization organization organization organization organization. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on ine 40c reimbursed by the organization organization organization. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on ine 40c reimbursed by the organization organization organization organization. Section 501(c)(4) organizations. Enter amount of tax organization or other financial accounts.  c) All a price during the calendary year, did the orga				<u> </u>
b Did the organization before 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, frustee, 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?  38b N/A  bill *Yes,* complete Schedule L, Part II and enter the total amount movived  39 Saction 501(c)(7) organizations. Enter.  30 Initiation fees and capital contributions included on line 9  30 Saction 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 4913 ** N/A  b Saction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is it aware that it engaged in an excess benefit fransaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I  c Saction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I  c Saction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified person in a prior year, and that the transaction of the year under sections 4912(-4956, and 4958)  d Saction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified person disqualified per	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		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 period covered by this return?  38b N/A  38b N/A  38b N/A  38b N/A  38c	——————————————————————————————————————	_		x
any such loans made in a prior year and still doutstanding at the end of the period covered by this refutin?  38a	,	1,37,5		- 12
as mount involved  3 Section 501(c)(2) 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.  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \( \times \) N/A; section 4912 \( \times \) N/A; section 4915 \( \times \) N/A; section 4916 \( \times \) Available the transaction during the year order is if aware that if engaged in an excess benefit transaction with a disqualified person in a prove year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If yes, complete persons during the year under sections 4912, 4955, and 4998 \( \times \) 0.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax non line 40c reimbursed by the organization. At any time during during the year under sections 4912, 4955, and 4998 \( \times \) 0.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If yes, complete form 8886-T  10 List the stales with which a copy of this return is filed \( \times \) NONE   42a The organizations. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial accountly.  If Yes, enter the name of the foreign country (yeth as a bank account, securities account, or other financial accountly?  See the instructions for exceptions and filing requi	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		Х
a initiation fees and capitat contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 0.    40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  \$\text{N/A}\$; section 4911 \times \text{N/A}\$; section 4912 \times \text{N/A}\$; section 4915 \times \text{N/A}\$; section 4912 \times \text{N/A}\$; section 4912 \times \text{N/A}\$; section 4912 \times \text{N/A}\$; section 4915 \times \text{N/A}\$; section 4915 \times \text{N/A}\$; section 4912 \times \text{N/A}\$; section 4916 \text{N/A}\$; section 4917 \text{N/A}\$; section 4916 \text{N/A}\$; section 4916 \text{N/A}\$; section 4916 \text{N/A}\$; section 4917 \text{N/A}\$; section 4917 \text{N/A}\$; section 4916 \text{N/A}\$; section 4917 \t	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	/A		
a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prospect of dependent of the organization person of dependent of the organization person of dependent of the organization or managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 886-1  10 List the states with which a copy of this return is filled * NONE  12 Telephone no * (321) 704-0695  13 Telephone no * (321) 704-0695  14 List the states with which a copy of this return is filled * NONE  14 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; with the foreign country:  15 See the uistructions for exceptions and filling requirements for Form 10 F 90-221, Report of a Foreign Bank and Financial accounts.  16 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  17 Yes, enter the name of the foreign country:  28 Section 4947(a)(1) nonexempt charitable trusts filling 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  18 Section 4947(a)(1) nonexempt	39 Section 501(c)(7) organizations. Enter.	1		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  N/A; section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A  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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior year, and the transaction has not been reported on any of the organization or managers or disqualified persons during the year under sections 4912, 4955, and 4958  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8856-T  List the states with which a copy of this return is flied ► NONE   42a The organization?  books are in care of ► RON SLIGER  Telephone in ► (321) 704-0695  Located at ► 5261 PALOMINO DRIVE MELECURNE FI.  2P+4 ► 32934-7892  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  42b X  If Yes, 'enter the name of the foreign country:  See the instructions for exceptions and filling requirements for Form TD F 99-22.1, Report of a Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Ch	a Initiation fees and capital contributions included on line 9	0.		
### Section \$01(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  ### section \$91(c)(3) and \$01(c)(4) organizations. Did the organization engage in any section \$4955 \shape N/A  ### best of the section \$01(c)(3) and \$01(c)(4) organizations. Did the organization engage in any section \$4958 excess benefit transaction with a discusified person in a prory year, and that the transaction has not been reported on any of the organization sprior Forms \$90 or \$90-EZ? If year, complete Schedule L, Part    ### c. Section \$01(c)(3) and \$01(c)(4) organizations. Enter amount of tax imposed on organization mranagers or disqualified persons during the year under sections \$912, 4955, and \$938	<b>b</b> Gross receipts, included on line 9, for public use of club facilities . 39b	0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 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 Shedule I., Part I  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, 4995, and 4958  d 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, 4995, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All 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  1. List the states with which a copy of this return is filed in the organization in the 40c reimbursed by the organization. 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 accounts.  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:  See the instructions for exceptions and filting requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  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  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  44 Did the organization a controlled entity of the organization within the meaning of section 512				
transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a proreyeer, and that the transaction has not been reported on any of the organization's prior Form's 990 or 990-E2? If Yes, 'complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization analysis of discreting the persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. 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  10.  40e	· · · · · · · · · · · · · · · · · · ·	<u>1</u>		
transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a proreyeer, and that the transaction has not been reported on any of the organization's prior Form's 990 or 990-E2? If Yes, 'complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization analyses or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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  10.  40e	h Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess herefit			
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If Yes, 'complete Schedule L, Part I 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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization designation of the organization of the organization's books are in care of Polymore organization organizatio	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a			
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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 8865-T  40	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	p.		
shelter transaction? If 'Yes,' complete Form 8886-T  41 List the states with which a copy of this return is filled > NONE  42a The organization's books are in care of > RON SLIGER Located at > 52.61 PALOMINO DRIVE MELECURNE FL ZIP + 4 > 32.934 - 78.92  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 filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  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:  43 Section 4947(a)(1) nonexempt charitable trusts filling 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  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' 45 X		<u>o.</u>		
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	Form 990 must be completed instead of Form 990-EZ			

Form 990-EZ (2009) FREIGHTLINER CHASS] Part VI Section 501(c)(3) organization	s and section 494	7(a)(1) none	vemnt charitable trusts	69899	Pag ection	e <b>4</b>	
501(c)(3) organizations and se 46-49b and complete the table	ection 4947(a)(1) ness for lines 50 and	onexempt ch 51.	aritable trusts must ans	wer questi	ons		
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  47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  4 b If 'Yes,' was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and keys).						10	
employees) who each received more than \$10  (a) Name and address of each employee paid more than \$100,000	0,000 of compensation  (b) Title and average hours per week devoted to position	from the organiz		e (e) Ex	pense nt and owances	—	
						_	
f Total number of other employees paid over \$100,000  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 cont	ractor paid more than \$100,000	0	(b) Type of service	(c) Comp	ensation	_	

<b>d</b> 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, true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer    Complete   Compl	3/14/10
Paid Pre-	Preparer's signature MICHAEL A. LENHART Date 5-11-10	Check if self-employed    Check if Self-Employed    Reparer's Identifying Number (See instructions)    7
parer's Use Only	Firm's name (or yours if self employed), address, and ZIP + 4 SACRAMENTO, CA 95825	EIN
	S discuss this return with the preparer shown above? See instructions	►X Yes No
DAA	— -	Form <b>990-F7</b> (2009)

### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	or 19, or if the organiz ► Attach to For	ation ente n990 or F	red more t orm 990-E	than \$15,000 on Form 99 Z. ►  See separate instr	90-EZ, line 6a. uctions.	Open to Public Inspection	
Name of the organization			-		Employer identific	ation number	
FREIGHTLINER CHAS	SSIS OWNERS CLUB				91-176989	99	
Part I Fundraising Active Form 990EZ filers	vities. Complete if the organ are not required to comple	ization and	swered 'Ye t.	es' to Form 990, Part IV	, line 17.		
	organization raised funds thr			wing activities. Check a	ill that apply.		
Mail solicitations				Solicitation of non-	government grants		
Internet and emai	l solicitations			Solicitation of gove	rnment grants		
Phone solicitation	s			Special fundraising	events		
In-person solicitat							
employees listed in Fo	ave written or oral agreeme orm 990, Part VII) or entity ii	nt with an n connectí	y individua on with pro	l (including officers, dire ofessional fundraising s	ectors, trustees or key ervices?	Yes No	
	thest paid individuals or enti \$5,000 by the organization.	ties (fundi	raisers) pu	rsuant to agreements u	nder which the fundrais	ser is to be	
(i) Name of individ	tual (ii) Aatuutu	Ciii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to	
or entity (fundrais		have custo	dy or control	from activity	fundraiser listed in	(or retained by)	
			ibutions?		col.(i)	organization	
		Yes	No_	1			
		<del> </del>	-				
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Total	the ergonization is register.	ad or ligan	cod to col	est funds or has been n	atified it is exempt from	n registration	
or licensing.	the organization is registered	ea or licen	isea to soii	icit lungs of has been in	ouned it is exempt from	registration	

91	-1	7	6	q	Q	q	q	
21		•	v	2	o	2	"	

Page 2

Par	7 11 ]	Fundraising Events. Complete it reported more than \$15,000 on F	f the organization a Form 990-EZ, line (	answered 'Yes' to f 6a. List events with	Form 990, Part IV, naross receints are	line 18, o eater than	r -\$5.0	00
		. τ.	(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota	l Even	ts
_	ľ		MOTOR RALLIES		l	(Add col. (	(a) thro (c))	ugh
R			(event type)	(event type)	(total number)		(-,,	
MCZM <my< td=""><td>1</td><td>Gross receipts</td><td>61,733.</td><td></td><td></td><td><u> </u></td><td>61,7</td><td><u>33.</u></td></my<>	1	Gross receipts	61,733.			<u> </u>	61,7	<u>33.</u>
Ł	2	Less. Charitable contributions	<u> </u>					
	3	Gross income (line 1 minus line 2)	61,733.				61,7	33.
	4	Cash prizes		<u></u>				
D	5	Noncash prizes		<u> </u>	<u> </u>			
D-RECT	6	Rent/facility costs	43,200.	·			43,2	<u>00.</u>
	7	Food and beverages	<u> </u>					
EXP EZ O E O		Entertainment						
S E S	9	Other direct expenses	34,420.	L	L		34,4	
	ı	Direct expense summary. Add lines 4- th			•		77,6	
<u> </u>		Net income summary. Combine lines 3, o		-11- F 000 B	. 10		15,8	
Pai	<b>T 111</b>	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a		es to Form 990, Pa	art IV, line 19, or re	eportea m	iore t	nan
		\$10,000 cm   cm   330 EE, mic co		(b) Pull tabs/instant	(c) Other gaming	(d) Tota	Laamu	——
REVENUE	ľ		(a) Bingo	bingo/progressive	(c) Other gaining	(d) Total gaming (Add col. (a) through col. (c))		
Ě				bingo		COI.	(c))	
Ē	,	0	;	,	]			
		Gross revenue	-	<del></del>		<del>                                     </del>		
D X	2	Cash prizes				<u> </u>	_	
D P E N S E S	3	Non-cash prizes.				<u> </u>		
Š	4	Rent/facility costs					_	
	5	Other direct expenses						
-			Yes%	∐ Yes%	Yes%			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		. •	<u> </u>		
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	<u> </u>			
_	<b>-</b> .						YES	NO
		er the state(s) in which the organization op ne organization licensed to operate gaming				<sub>9a</sub>		:
		lo, explain.	detivities in each or the	ode dianos.				
								Í
		re any of the organization's gaming license	s revoked, suspended o	or terminated during the	tax year?	10a		
•	ץ' זו כ	'es,' explain.						
								: :
		es the organization operate gaming activities			r other eather formed to	111		
12	adn	ne organization a grantor, beneficiary or tri ninister charitable gaming?	<del></del> —— ·			12		
BAA	١		TEEA3702L (	02/05/10	Schedule G (Fo	rm 990 or 9	90-EZ)	2009

Schedule G (Form 990 or 990-EZ) 2009 FREIGHTLINER CHASSIS OWNERS CLUB	91-1769899		age 3
•		YES	NO
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility 13			
b An outside facility	<u>,                                    </u>		
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	oks and records:		
Name. ►			
Address. ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming	revenue?	5a	İ
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$			
of gaming revenue retained by the third party \$	·		
c If 'Yes,' enter name and address of the third party:			
	1		
Name. ►			
Address			
16 Gaming manager information			
Name. ►			
Gaming manager compensation ► \$			
Description of services provided: ►			
Description of services provided:			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?	Is to retain the	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizate	ions or spent in the		
organization's own exempt activities during the tax year. ▶ \$	·		
	Schedule G (Form 990 o	or 990-EZ	) 2009

2009	FEDERAL STATEMENTS	PAGE 1
	FREIGHTLINER CHASSIS OWNERS CLUB	91-1769899
STATEMENT 1 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE MISCELLANEOUS		TOTAL \$ 10,275.
STATEMENT 2 FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES  BANK CHARGES GIFTS & PLAQUES MEMBERSHIP EXPENSE MISCELLANEOUS EXPENSE OFFICE EXPENSES TAXES AND LICENSES TELEPHONE TRAVEL WEB SITE	6	\$ 72. 7,452. 2,099. 4,247. 3,062. 50. 2,007. 5,497. 612. TOTAL \$ 25,098.
STATEMENT 3 FORM 990-EZ, PART II, LINE 2 OTHER ASSETS	24	BEGINNING ENDING
ACCOUNTS RECEIVABLE PREPAID EXPENSES AND DEA	FERRED CHARGES TOTAL	\$ 0. \$ 7,350. 0. 2,825.
STATEMENT 4 FORM 990-EZ, PART II, LINE : TOTAL LIABILITIES	26	
DINNER DEPOSIT	TOTAL	BEGINNING ENDING \$ 5,500. \$ 0. \$ 5,500. \$ 0.
STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY A MUTUAL BENEFIT CORPORT	EXEMPT PURPOSE ATION PROMOTING THE OWNERSHIP OF FRE	GIGTLINER CHASSIS.

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