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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning JUN 1, 2009 and ending MAY 31, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		EIELSON OFFICERS' SPOUSES CLUB		92-0175089
		WELFARE FUND		
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		P.O. BOX 4629		(907) 372-3090
		City or town, state or country, and ZIP + 4	F Group Exemption Number	
		EIELSON AFB, AK 99702		

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: N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 40,668.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Expenses	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4	49.	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	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	3,246.	
	6b	Less: direct expenses other than fundraising expenses	6b	441.	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,805.	
	7a	Gross sales of inventory, less returns and allowances Stmt 3	7a	37,373.	
	7b	Less: cost of goods sold Stmt 4	7b	24,581.	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	12,792.	
	8	Other revenue (describe _____)	8		
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	15,646.	
	Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 2	10	12,257.
11		Benefits paid to or for members	11		
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 EQUIPMENT RENTAL)	16	65.	
17		Total expenses Add lines 10 through 16	17	12,322.	
Net Assets		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,324.
		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	12,155.
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	15,479.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	12,286.	15,601.
23 Land and buildings		
24 Other assets (describe _____)	0.	
25 Total assets	12,286.	15,601.
26 Total liabilities (describe See Statement 1)	131.	122.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,155.	15,479.

23 P

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a 7,000.

29a	5,257.
-----	--------

30a

31a	
-----	--

32	12,257.
----	---------

32	12,257.
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

932172
02-08-10

Form **990-EZ** (2009)

EIELSON OFFICERS' SPOUSES CLUB
WELFARE FUND

92-0175089

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

	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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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 why the organization did not report the income on Form 990-T.		
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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 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.		
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's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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. AK		
42a The organization's books are in care of EIELSON OFFICERS' SPOUSES CL Telephone no. (907) 372-3090 Located at P.O. BOX 4629, EIELSON AFB, AK ZIP + 4 99702		
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)?	42b	X
If "Yes," enter the name of the foreign country: _____ 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 N/A		
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

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 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 key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		☒
47		☒
48		☒
49a		☒
49b		

(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				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: *Paige Hansen* Signature of officer Date: *8 Oct. 2010*

Type or print name and title: *Paige Hansen, Treasurer*

Paid Preparer's Use Only: Preparer's signature: *Richard A. Smith* Date: *10/07/10* Check if self-employed: ☐ Preparer's identifying number (See instr.): *8042010*

Firm's name (or yours if self-employed), address, and ZIP + 4: *RJG, A Professional Corporation* EIN: *92-0175089*
1100 West Barnette, Suite 102 Phone: *(907) 452-4156*
Fairbanks, AK 99701

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **EIELSON OFFICERS' SPOUSES CLUB
WELFARE FUND**

Employer identification number
92-0175089

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 (For lines 1 through 11, check only one box.)

- 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)**.
- 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)**.
- 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?
- h Provide the following information about the supported organization(s)

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

(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									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

EIELSON OFFICERS' SPOUSES CLUB

Schedule A (Form 990 or 990-EZ) 2009 **WELFARE FUND**

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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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						0.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234.	156.	287.	120.	50.	847.
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.)			25.	40.		65.
11 Total support. Add lines 7 through 10						912.
12 Gross receipts from related activities, etc. (see instructions)					12	235,639.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	75.23	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒			
17a 10% -facts-and-circumstances test - 2009. 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 - 2008. 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 ☐			

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

m4

Form 990-EZ	Other Liabilities	Statement	1
Description	Beg. of Year	End of Year	
PAYROLL LIABILITIES	131.	70.	
ACCOUNTS PAYABLE	0.	52.	
Total to Form 990-EZ, line 26	131.	122.	

Form 990-EZ	Cash Grants and Allocations	Statement	2
Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount	
DONATIONS- MILITARY WELFARE & CHILDRENS MULTIPLE DONATIONS- SCHEDULE ATTACHED multiple FAIRBANKS, AK 99701	None	5,257.	
SCHOLARSHIPS- 5 individuals	None	7,000.	
Total Included on Form 990-EZ, Line 10		12,257.	

Form 990-EZ	Income and Cost of Goods Sold Included on Part I, Line 7a	Statement	3
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Income

1. Gross receipts	37,373	
2. Returns and allowances		
3. Line 1 less line 2		37,373
4. Cost of goods sold (line 13)	24,581	
5. Gross profit (line 3 less line 4)		12,792

Cost of Goods Sold

6. Inventory at beginning of year		
7. Merchandise purchased		
8. Cost of labor	2,815	
9. Materials and supplies	16,513	
10. Other costs	5,253	
11. Add lines 6 through 10		24,581
12. Inventory at end of year		
13. Cost of goods sold (line 11 less line 12). .		24,581

Form 990-EZ	Cost of Goods Sold - Other Costs	Statement	4
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Description	Amount
BANK FEES	34.
CHILD CARE COSTS FOR VOLUNTEERS	1,363.
THRIFT SHOP SUPPLIES	1,226.
INSURANCE	1,000.
MISCELLANEOUS	1,630.
Total included on Form 990-EZ, Part I, line 7b	5,253.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 5

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

SCHOLARSHIPS FOR SPOUSES OR DEPENDENTS OF ACTIVE DUTY, RETIRED OR DECEASED MEMBERS OF THE MILITARY OR NATIONAL GUARD. DISBURSEMENTS ARE MADE DIRECTLY TO EDUCATIONAL INSTITUTIONS. IN FYE 2010, 5 RECIPIENTS RECEIVED AMOUNTS FROM \$1,000 TO \$2,000

990-EZ Pg 2

Statement 7

TO PROVIDE COLLEGE SCHOLARSHIPS TO ELIGIBLE CANDIDATES, TO DONATE FUNDS TO OTHER 501(c)(3) ORGANIZATIONS, AND TO OTHER PERSONS OR GROUPS IN FURTHERANCE OF CHARITABLE OR EDUCATIONAL PURPOSES, AS WELL AS THE UNITED STATES AIR FORCE FOR VARIOUS PROJECTS AND EVENTS THAT BENEFIT THE MILITARY COMMUNITY.

Eielson Thrift Shop
ATTACHMENT SCHEDULE
990 EZ PAGE 1, LINE 10
June 2009 through May 2010

<u>Date</u>	<u>Num</u>	<u>NAME</u>	<u>DESCRIPTION/RECIPIENT</u>	<u>AMOUNT</u>
Eielson Donations				
02/10/2010	2210	Eielson Spouses Dining In	2010 donation	\$ 175
04/06/2010	2221	Ben Eielson High School	Grad Bash donation	\$ 200
Total Eielson Donations				\$ 375
Fairbanks North Pole				
09/15/2009	2205	Fairbanks Food Bank	donation	\$ 1,832
02/10/2010	2212	Fairbanks Rescue Mission	donation	\$ 100
04/06/2010	2217	Fairbanks Summer	donation	\$ 250
04/06/2010	2218	The Alaska Children's	Mush for Kids donation	\$ 200
04/06/2010	2222	American Cancer Society	donation	\$ 200
05/04/2010	1680	Special Olympics Alaska	donation	\$ 500
05/04/2010	1682	American Red Cross	donation	\$ 200
Total Fairbanks North Pole				\$ 3,282
National				
01/13/2010	2206	National Military	donation	\$ 200
01/13/2010	2207	Military Child	donation	\$ 200
04/06/2010	2220	Air Force Enlisted	donation	\$ 200
05/04/2010	1679	Air Force Village	donation	\$ 200
05/27/2010	1683	Fisher House, Inc	donation	\$ 300
05/27/2010	1684	Gen and Mrs LeMay Foundation	donation	\$ 200
05/27/2010	1685	TAPS	donation	\$ 300
Total National				\$ 1,600
Scholarships 07/08 Recipients				
08/20/2009	2200	University of Alaska Fairbanks	Amanda Harper	\$ 1,500
08/20/2009	2201	University of Alaska Fairbanks	Michael Ortego	\$ 1,500
08/20/2009	2202	University of Alaska Fairbanks	Rebecca Warren	\$ 2,000
08/20/2009	2203	University of Alaska Fairbanks	Sharee Miller	\$ 1,000
08/20/2009	2204	West Hills College	Jarrett Miller	\$ 1,000
Total Scholarships 07/08 Recipients				\$ 7,000
TOTAL PAGE 1, LINE 12				\$ 12,257