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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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

Open to Public Inspection

,	١	For the 2009 calendar year, or tax year beginning $11/01$, 2009, and ending $10/31$, 2010
E		Check if applicable C	mployer	identification number
		Address change Please use IRS DWIGHT D. EISENHOWER SOCIETY 2	23-73	321872
			elephone	
		Initial return Type. GETTYSBURG, PA 17325	717-3	334-8993
		Termination Specific	/ 1 / .	534 6555
				xemption
_		Application pending N	<u>umber</u>	, , , , , , , , , , , , , , , , , , ,
		 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 meth Other (specify) 	-	
_				ganization is not
1		1 000 F7 000 F		dule B (Form 990,
ي		Tax-exempt status (check only one) — X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 990-EZ, or 990-F		
ŀ	(Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are no \$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 fi	rmally le a co	not more than mplete return
Ī	•	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	▶ \$	260,681.
[4		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instr	uctio	ns for Part I.)
L	<u></u>	1 Contributions, gifts, grants, and similar amounts received	1	15,621.
		2 Program service revenue including government fees and contracts .	2	
		3 Membership dues and assessments	3	
		4 Investment income	4	21,109.
		5a Gross amount from sale of assets other than inventory . 5a 223, 951.	57	
		b Less cost or other basis and sales expenses		
	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) See Statement 1	5 c	-16,946.
	REVENUE	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	3400	
	Ė	a Gross revenue (not including \$ of contributions		
	ַטַ			
	-		1000	
		b Less direct expenses other than fundraising expenses [6b] c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).	6c	
			\$2.5	
	- 1			
	- [b Less cost of goods sold Tb c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	-		8	
		8 Other revenue (describe	-	10 704
_	4	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	3-	19,784.
		10 Grants and similar amounts paid (attach schedule) See Statement 2-V	10	40,818.
	E	11 Benefits paid to or for members	111	
	EXPENSE	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors MAR 2 1 2	12	1 225
	E	13 Professional fees and other payments to independent contractors	<u> </u>	1,225.
	Š	14 Occupancy, rent, utilities, and maintenance	14	[E
	5	15 Printing, publications, postage, and snipping . [[선년 함 기를 기본	15	
		16 Other expenses (describe ► See Statement 3	16	10,977.
_	_	17 Total expenses. Add lines 10 through 16	+''	53,020.
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-33,236.
N	A	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	أسسنتذا	
	Š	figure reported on prior year's return)	19_	759,396.
₹ T	Ţ	20 Other changes in net assets or fund balances (attach explanation)	20	
₩	S	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	726,160.
⊝[i	a	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inst	ead of	Form 990-EZ
ວ⊆ັ		(See the instructions for Part II) (A) Beginning of year		(B) End of year
APR	22	Cash, savings, and investments 759, 396	. 22	726,160.
	23	Land and buildings	23	
	24	Other assets (describe ►)	24	
2	25	Total assets 759, 396	5 . 25	726,160.
	26	Total liabilities (describe	-	0.
∞	27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 759, 396	5. 27	726,160.
ý, b	_	For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)
		TEEA0803L 01/30/10		
		TEL-MODUL VIIJOTIV		

	l 1990-EZ (2009) DWIGHT D. EISEN				-732	21872 Page 2
Pai	Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)]_	Expenses
What	is the organization's primary exempt purpose? Se	e Statement 4			[Reg	uired for section
Desc	cribe what was achieved in carrying out the ribe the services provided, the number or ram title	ne organization's exempt purp f persons benefited, or other	ooses. In a clear and corelevant information for	ncise manner, each	orgai 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
<u>. ~ ~ </u>	EDUCATION OF THE PUBLIC (ON THE LIFE OF DWIG	GHT_D. EISENHOW	ER		
	(Grants \$ 40,818.) If the	nis amount includes foreign gi	rants check here		28 a	1,618.
29		anount includes foreign gi			200	1,010.
	(0)				29 a	
30	(Grants \$) If th	nis amount includes foreign gr			23a	<u> </u>
	(Grants \$) If th	nis amount includes foreign gr	rants check hare		30 a	
31	Other program services (attach schedule		ants, theth here		30 a	<u> </u>
٥.		o) Dis amount includes foreign gr	rants, check here	`►□	31 a	
32	Total program service expenses (add II			>	32	1,618.
	List of Officers, Directors		ployees. List each or	ne even if not com	npensa	ated. (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai deferred compensa	ns and	(e) Expense account and other allowances
89	QUELINE WHITE STEINWEHR AVE	President 0	0.		0.	0.
	TYSBURG, PA 17325 PHEN R GIBBLE	Vice President	0.		0.	0.
	HARVARD AVE	vice riesidend	0.		٠.	0.
	NT GRETNA, PA 17064					
B/G	ENERAL SAMUEL K LESSEY, J	R Chairman	0.		0.	0.
HAN	BOX 57 COCK, NH 03449	U				
966	WALTON C JONES SUNSET AVE	VICE CHAIRMAN 0	0.		0.	0.
COL	TYSBURG, PA 17325 . JOHN J MCCAMBRIDGE	Treasurer	0.		0.	0.
MCL	0 FALLS RUN RD EAN, VA 22102	0	· · · · · · · · · · · · · · · · · · ·			
84	ES ROACH KNOXLYN-ORRTANNA RD	Secretary 0	0.		0.	0.
<u>GET</u>	TYSBURG, PA 17325					
						·····

Forr	n 990-EZ (2009) DWIGHT D. EISENHOWER SOCIETY	23-73218	372	P	age 3
Pa	rt. V (a) Other Information (Note the statement requirements in the instrist for Part V.)	See S	tatem	ent	5
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed each activity	description of	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of	the changes.	34	1 H H ST - 3	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 attach a statement explaining why the organization did not report the income on Form 990-T.	i on Form 990-T,			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section reporting, and proxy tax requirements?	i 6033(e) notic	ce, 35 a 35 b		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		350	 	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets year? If 'Yes,' complete applicable parts of Schedule N		36) . •	(21 08)	X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a b Did the organization file Form 1120-POL for this year?		37b	المنشدة	Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee o f any such loans made in a prior year and still outstanding at the end of the period covered by this return?	were .	38 a		X
I	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/	<u>/A</u>		
39	Section 501(c)(7) organizations. Enter				
	a Initiation fees and capital contributions included on line 9	N/			
	Gross receipts, included on line 9, for public use of club facilities . 39b	N/	<u>/ A</u>].	**	
40 8	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under- section 4911 ►	0.	_	23	
(Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualification year, and that the transaction has not been reported on any of the organization's prior Forms 990 of Yes, complete Schedule L, Part I consider the 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.	ied person in r 990-EZ? If	a 40 b		X
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	(<u>) .</u> []		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
41	List the states with which a copy of this return is filed None				
42 a	The organization's books are in care of SetTYSBURG, PA ZIP	e no. ► _7 <u>1</u> 7- • + 4 ► _1732	-334-8 25	<u>993</u> 	
ŧ	At any time during the calendar year, did the organization have an interest in or a signature or other auth financial account in a foreign country (such as a bank account, securities account, or other financial acco	nority over a	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country				5. 5.3
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts: At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	s.	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.	. 1		► 🗌	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43			N/F
44	Delibe assessment as assets as a decreased for 1.2 May 15 1000			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13 Form 990 must be completed instead of Form 990-EZ)? If 'Yes,'	45		Х
BAA	TEEA0812L 01/30/10		Form 99 0)-EZ	·

►X Yes No Form 990-EZ (2009)

Form 99	O-EZ (2009) DWIGHT D. EISENHOW	ER SOCIETY		23-732	21872	F	age 4	
Part V	Section 501(c)(3) organization	s and section 4947	(a)(1) nonexe	mpt charitable trusts o	nly. All se	ction	1	
	501(c)(3) organizations and se 46-49b and complete the table	ction 494/(a)(1) no	nexempt char	itable trusts must answe	er questio	ns		
	40-490 and complete the table) I .					
46 Did	the organization engage in direct or indire	ect political campaign a	ctivities on behalf	of or in opposition to candida	ates	Yes	No	
for	public office? If 'Yes,' complete Schedule	C, Part I			46		X	
	d the organization engage in lobbying activi				47		X	
	the organization a school as described in s				48		X	
	d the organization make any transfers to an	•	related organizat	tion?	49a		X	
b If "	Yes,' was the related organization a section	n 527 organization?			49 b		L	
50 Co	mplete this table for the organization's five	highest compensated of	employees (other	than officers, directors, truste	es and key			
em	iployees) who each received more than \$10	(b) Title and average	(c) Compensation	T		nanca		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensatio	benefit plans and deferred compensation	accou	(e) Expense account and other allowances		
None	more train \$100,000	devoted to position		deletted compensation	outer an	Owanice		
None								
	· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·							
	· ·							
f Tot	al number of other employees paid over \$1	000,000						
	. , .							
51 Cor	mplete this table for the organization's five	highest compensated in	ndependent contr	actors who each received mo	re than \$10	0,000	of	
cor	npensation from the organization. If there i	s none, enter 'None '						
	(a) Name and address of each independent contr	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n	
None								
				·				
				<u> </u>				
d Tot	al number of other independent contractors	s each receiving over \$	100,000	<u> </u>				
	<u> </u>							
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (continued)	ined this return, including accor other than officer) is based on a	mpanying schedules an ill information of which	d statements, and to the best of my kni preparer has any knowledge	owledge and be	lief, it is	5	
	1 (6 - 1)	4/-,					.	
Sign	Lacoulvago NO	XNITO.		lace i	, COH	<u>Dó</u>	<u> 20//</u>	
Here	Signature of officer			Date	,			
	<u></u> <u></u> <u></u> <u></u> <u> </u>			President				
	Type or print name and title							
	A							
Paid	Preparer's National Office	m	Date		reparer's Identifiee instructions	ying Nu	mper	
Paid Pre-	signature	DEW OPA	Date 2/04		reparer's Identifiee instructions	SYS	<u></u>	
Paid Pre- parer's	Firm's name (or Felty & Co, L.)	DOPA P.	1	1/11 employed ►	501 <i>992</i>	34	2	
Pre-	Firm's name (or yours if self-employed). ### This is a more of the self-employed in the self	PA 17022	1	1/11 employed ►	23-2003	34 6 867		

May the IRS discuss this return with the preparer shown above? See instructions

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the orga	inization							1		ion number		
DWIGHT D	. EISENHO	WER SOCIETY						23-7	321872	?		
Part L. Re	eason for Pu	blic Charity Statu	ıs (All organizations	must	comple	ete this	part.	See i	nstruct	ions		
The organiza	ition is not a pri	vate foundation becai	use it is (For lines 1 thro	ugh 11,	check o	only one	box.)					
1 A c	hurch, conventi	on of churches or ass	ociation of churches des	cribed ii	n sectio	n 170(b)	(1)(A)(i)).				
2	chool described	In section 170(b)(1)(A)(ii). (Attach Schedule	E)								
3 A h	ospital or coop	erative hospital servic	e organization described	ın secti	ion 170(b)(1)(A)	(iii).					
4 An	nedical research	n organization operate	ed in conjunction with a h	nospital	describe	d in sec	ction 17	0(b)(1)(A	A)(iii). Er	iter the hos	spital's	3
nar	ne, city, and sta	ate.	•	•								
├ . 170	(b)(1)(A)(i v). ((Complete Part II)	of a college or university				_	rnmenta	I unit des	scribed in s	section	n
7 又 An												
8	ommunity trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II)							
fron Inve	n activities relate estment income le 30, 1975 Sec	ed to its exempt function and unrelated busine a section 509(a)(2). (C	•	eptions, section	and (2) r 511 tax	no more) from b	than 33- usiness	1/3 % of es acqu	its suppo	ort from gro	SS	fter
10 An	organization or	ganized and operated	exclusively to test for pu	ublic saf	ety See	section	n 509(a)	(4).				
11 An mor des	organization orge re publicly supp cribes the type	ganized and operated orted organizations of of supporting organi	exclusively for the bene described in section 509(zation and complete lines	fit of, to a)(1) or s 11e th	perform section rough 1	n the fur 509(a)(i 1h	nctions o 2). See	of, or ca section	rry out th 509(a)(3	ne purpose). Check t	s of or ne box	ne or that
a	Type I	b Type II	c 🗌 Type II	I – Fun	ctionally	ıntegra	ted		d 🗌	Type III-	Other	
tha	 checking this bo n foundation ma (a)(2).	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	led dired upported	ctly or ind d organi	directly zations	by one describe	or more ed in se	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f If th	ne organization ck this box	received a written def	termination from the IRS	that is	а Туре I	, Type I	l or Typ	e III sup	porting o	organizatio	n,	
g Sin	ce August 17, 2	.006, has the organiza	ition accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	?		
											Yes	No
(i)	below, the go	overning body of the s	controls, either alone or upported organization?	togethe	r with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)		
(ii)	•	iber of a person desc	• •				•			11 g (ii)		
(iii)	a 35% contro	lled entity of a persor	n described in (i) or (ii) al	bove?						11 g (iii)		
<u> </u>	vide the followii	ng information about t	the supported organization	ons		,		Ţ				
(i) Nam Oi	e of Supported rganization	(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?			nzation in (i) of	organizat (i) organi	Is the lion in col zed in the S ?	(vii) Amour	t of Sup	port
				Yes	No	Yes	No	Yes	No			
				-								
				İ								
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					<u> </u>		ļ <u></u>					
-				ļ. —			_					
		Marine Sandalis	2000年度中国企业的1800年	Bar Char	116988 to . E	1000	The second	(South Co	3000	·		
Total												

Pa	rt II Support Schedule for	-			(b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi)
<u></u>	(Complete only if you check	ed the box on line	5, 7, or 8 of Pai	t1)			
	ction A. Public Support	1	Γ	Τ	T	 -	
beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	15,066.	14,906.	19,754.	12,214.	15,621.	77,561.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	15,066.	14,906.	19,754.	12,214.	15,621.	77,561.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						77,561.
Sec	tion B. Total Support	<u></u>	· · · · · · · · · · · · · · · · · · ·	1			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	15,066.	,066. 14,906. 19,754. 12,214. 15,6				77,561.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	28,533.	25,829.	22,743.	20,344.	21,109.	118,558.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10	(海外海) (海)				CANAL SAME	196,119.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth, o	or fifth tax year as	s a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 2	• ,	.,	ne 11, column (f)		14 15	39.6% 37.3%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did	not check the bo	x on line 13, and	I the line 14 is 33	·1/3 % or more, ch	eck this box
b	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	, and line 15 is 3	3-1/3% or more, cl	لحما
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in Part rted organization	IV how the ►
`	Private foundation. If the organization	zation did not che	ck a box on line,	13 <u>,</u> 16a, 16b, 17a			
BAA					Sch	nedule A (Form 99	0 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 DWIGHT D. EISENHOWER SOCIETY

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

	(Complete only if you che	cked the box on I	line 9 of Part I)					
Sec	tion A. Public Support							
	ndar year (or fiscal yr 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 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line	24.47.4.6	glever variety		4 4 4 4	# W 10	4 1	
	7c from line 6)	The state of the s		2.33 (7.7)	10 Oct 10	* 1	201	
Sec	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
	Amounts from line 6		, , , , , , , , , , , , , , , , , , , ,	,,,	<u> </u>			
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on			-				
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza						
	tion C. Computation of Pul		ercentage	··				
	Public support percentage for 20			ne 13. column (fl)			15	%
	Public support percentage from 2	•	• •		·	. [-	16	%
	tion D. Computation of Inv			?		<u>-</u>		
	Investment income percentage for				mn (f))		17	%
	Investment income percentage fi				(177	<u> </u>	18	%
19a	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	organization did not	check the box on I	ine 14, and line 15	is more than 33-1/3 ablicly supported o	8%. and line 17		<u>~~~~</u>
b	33-1/3 support tests - 2008. If this not more than 33-1/3%, check	he organization di	d not check a box	on line 14 or 19a	a, and line 16 is r	more than 33-	1/3%, and ation	l line 18
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	l see instructi	ons	▶ 🗍

Part IV	Suppl Part II	emen , line	tal In 1 17a o	5 2009 f orma or 17b	ition. ; and	Com Part	ים. plete t III, I	this	pari 12. P	t to p	rovide le any	e the othe	expla er add	natior itiona	ns req	uired matio	by Pa n. Se	art II, e inst	line 1 ructio	Page 4 0; ns.
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Schedule A (Form 990 or 990-EZ) 2009

2009	Federal Statements		Page 1
Client 26625	DWIGHT D. ESENHOWER SOCIETY		23-7321872 08 18AM
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninven	tory Sales		
Publicly Traded Securitie	es		
Gross Sales Price: Cost or Other Basis:	223,951. 240,897.		
	Total Gain (Loss) Publicly Tra	aded Securities <u>\$</u>	-16,946.
	Total Net Gain (Loss) From Noni	inventory Sales 🖺	-16,946.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pa	aid		
Class of Activity: Donee's Name:	EDUCATION EISENHOWER NATL HIST SITGETTYSBURG, PA 17325,	E	
Relationship of Donee: Cash Amount Given:	NONE 17323,	\$	12,450.
Donee's Name:	GETTYSBURG COLLEGE GETTYSBURG, PA 17325,		
Relationship of Donee: Cash Amount Given:	NONE	\$	14,368.
Donee's Name:	GETTYSBURG FOUNDATION GETTYSBURG, PA 17325		
Relationship of Donee: Cash Amount Given:	NONE	\$	4,000.
Donee's Name:	ADAMS COUNTY ECONOMIC EDI GETTYSBURG, PA 17325	UCATION FDN	
Relationship of Donee: Cash Amount Given:	NONE	\$	5,000.
Donee's Name: Donee's Address:	CONTEMPORARY LEARNING SYS	STEMS	
Relationship of Donee: Cash Amount Given:	WALLOON LAKE, MI 49796 NONE	\$	5,000.
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses			
Insurance INVESTMENT EXPENSE Office Expenses . SUPPLIES .	· · · · · · · · · · · · · · · · · · ·	\$	750. 6,201. 2,408. 1,618.
	·	Total \$	10,977.

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Federal Statements

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Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

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

Statement 5 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No