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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)

OMB No 1545-0047

2008

Department of the Treasury

Open to Public

	intem	al Reve	nue Service	•	The organization may	have to use a co	ppy of this return	n to satisfy state	ereporting	requirements	'	Inspection
9	<u>A</u> 1	For th	e 2008 calen	dar year,	or tax year beginning		07 -	01 , 200.7 ar	nd ending	0	6-30 ,2	20 08
70	В	Check if	applicable	Please	C Name of organization BL	UE BENGAL A	THLETHIC A	ASSOC INC			D Employ	er identification no.
(P)		Address	change	use tRS label or	Doing Business As RO	SIE T PRIDO	EN				59-63	04528
∂		Name ch	•	print or	Number and street (or P O				Box	om/suite	E Telepho	
ے	<u> </u>	nitial ret	_	type.	1254 EASTOVER		FIED to silect Eddic	33)	"			201-2476
Ξ	» <u>—</u>			See Specific								
	7	Termina		Instruc-	City or town, state or country	•					G Gross re	•
	님 1	Amende	d return	tions.	Jackson, MS 39						L	62,870
	□ 4	Applicati	on pending	F Name	and address of principal officer	ROSIE T P	RIDGEN		На) is this a group r	etum for	
					EASTOVER DR, J	ACKSON, MS	39211) Is this a group re affiliates?	-	☐ Yes 🗓 No
	<u></u>	ax-exer	npt status	X 501(c) (7) ◄ (insert no)	4947(a)(1) or	527	1 1	Н(б) Are all affiliates	included?	Yes No
	<u>J_</u>	Vebsite.	► N/A						H(c		n number	b
	KT	ype of o	organization	Corporation	Trust Association	Other ▶		L Year of formation		M State of lega	al domicile	MS
	Pai	rt I	Summar	<u>у</u>								
		1	Briefly descr	ribe the or	ganization's mission or r	nost significant a	activities :	SU EDOWED	SCHOLA	RSHIP PRO	GRAM	
		ĺ	,		5							
	A C G											
	1 0											_
	V e		Oh a ali Ah i a h		(al				050/ -64-			
	! *	2			the organization discon	•	•				1	_
	T n	3			nbers of the governing b	-	•				 	5
	e n	4	Number of in	ndepender	nt voting members of the	governing body	/ (Part VI, line 1	b)		<u>4</u>		5
	S C	5	Total numbe	er of emplo	yees (Part V, line 2a) .					<u>5</u>		0
	& Č	6	Total numbe	er of volunt	teers (estimate if necess	ary)				6		10
		7a	Total gross u	unrelated b	ousiness revenue from F	art VIII, line 12,	column (C)			7a		
		ь	Net unrelated	d business	s taxable income from Fo	orm 990-T. line 3	34			7b	,	0
		1								rior Year	Cur	rent Year
	R	8 Contributions and grants (Part VIII, line 1h)										3,442
	e V	9		_	nue (Part VIII, line 2g) .					13,03		
	e n		=							4		8,646
	ц	10			art VIII, column (A), lines							
	e	11			III, column (A), lines 5, 6					36,28		50,751
		12			es 8 through 11 (must e					52,74		62,870
=		13			ounts paid (Part IX, colur					11,47	7	6,200
2010	E	14	Benefits paid to or for members (Part IX, column (A), line 4)								0	
	×	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5,10)									0	
€V	P e	16a	Professional	sional fundraising fees (Part IX, column (A) Diff (TeE. V.E.)								0
	n	ь	Total fundrais	sing exper	nses (Part IX, column (D), line 25	VLU	50,429				
SEP	e	4-	Cultura	/D4 I	v ka	444 444 040	S		,	45,55	0	56,176
S	\$	18	Total expens	es. Add li	א, column (A), lines אָנָּאָנוּ ines 13-17 (must equal F es. Subtract line 18 from	Part A Guant	2010 25			57,027		62,376
Ω		19	Revenue les	e evnence	es. Subtract line 18 from	line 12	20/18			(4,28		494
111			Tevende les	3 CAPCIISO	3. Cabilact line 10 hom							
Z	Net Assets	200	Total gasets t	(Dort V. III	. 10)	OGDEN	1, UI		_ ⊃egin	ning of Year		d of Year
_	or Fund	20	Total assets (•					13,849	' 	20,522
A	Bal-	21	Fotal liabilities	•	•				<u> </u>			
	ences				inces. Subtract line 21 f	rom line 20		<u></u>		13,849	<u>}</u>	20,522
U	Parl		Signatur									
					declare that I have examined the and complete. Declaration of pa						,	
			i	Va			bery is based on an i	monnador or willian p	oropo i i ilio i	zij ililomeage	0/,	-/-
				l lest	W & d- G	741 1aes	1)			ļ	8/19	7/10
,	Sign		Signature	of officer	 	7				Da	te /	7
	Here		ROSIE	T PRI	DGEN, TREASURER	-					/	
				nnt name and								
•			2	\overline{A}			Date	Che	eck if	Preparer's ide	entifying numb	
1	Paid		Preparer's signature	1.	med A. Hame	ממ	08-19	self	·	- (cee instruction		162029
	orepa	rer'e	oranno C	Jon			NO-13	-4010 [em]	T.	<u> </u>	1001	back !
	Jse O		Firm's name (or		TAX CENTER INC		, -		EIN	mais	1.1.11	
•	-5 6 O	y	if self-employed address, and Zi		2425 LIVINGSTO				04	-0913	001	
_					Jackson, MS 39				Phone n	o ▶601-98		
-					the preparer shown abo			<u> </u>	· · · · ·	<u></u>	<u> </u>	Yes 🔀 No
F	or Pr	ivacy	Act and Pap	erwork R	eduction Act Notice, se	e the separate	instructions.			EEA	Fc	orm 990 (2008)

	008) 'BLUE BENGAL ATHLETHIC		59-630	14528 Pag					
	Statement of Program Service	Accomplishments (see instruction	s)	- -					
1.5	describe the organization's mission.								
<u>JSU I</u>	EDOWED SCHOLARSHIP PROGRAM								
				·					
		<u> </u>							
	organization undertake any significant propriet Form 990 or 990-EZ?			Vos. 🔽 No.					
	describe these new services on Schedu			ies A NO					
	organization cease conducting, or make		ny program						
	s?			Yes X No					
	* describe these changes on Schedule O								
	pe the exempt purpose achievements for e	each of the organization's three largest p	program services by expenses						
Section	n 501(c)(3) and 501(c)(4) organizations and ons to others, the total expenses, and revi	d section 4947(a)(1) trusts are required	to report the amount of grants and						
(Code.	(Code.) (Expenses \$ 62,376 including grants of \$ 6,200) (Revenue \$								
	LUE BENGAL ATHLETIC ASOCIAT			-					
	LLY TO THE JACKSON STATE UN			-					
FUND.	THE ORGANIZATION HAS A SO								
	AID DESERVING STUDNETS ACH								
KEEPI	NG WITH THE MISSION OF THE	ORGANIZATION.							
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(Code) (Expenses \$	including grants of \$) (Revenue \$						
									
									
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(Code:) (Expenses \$	including grants of \$) (Revenue \$						
				·					
Other	ogram convece (Describe in Cohedule O								
(Expense	ogram services. (Describe in Schedule O. es \$ including g		evenue \$)						
	ogram service expenses > \$	62,376 (Must equal Part IX, Lin							
- o.u. pr	-g coi tiec expenses P	62,376 (Midst equal 1 ait IA, Elli		Form 990 (20					

59-6304528 Part IV **Checklist of Required Schedules** Ves No 1 ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) X 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, X 12 Did the organization receive an audited financial statement for the year for which it is completing this return Х that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII............ 12 X 13 13 Χ 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I. Х 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 20 Х 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 Х 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 25a Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or

X

X

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Part IV Checklist of Required Schedules (continued)

		r	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	l	X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
-	III, IV, and V, line 1	34		Х
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
J	Schedule R, Part V, line 2	35		Х
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
U	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
-		30		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		Х

Form 990 (2008)

Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable]		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
ь				
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		-	
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
•	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		_	
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	ŀ	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	I		
	organization, have excess business holdings at any time during the year?	8	ĺ	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	Ì	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ĺ	
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	Ī	į	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Ī	1	
1	Section 501(c)(12) organizations. Enter.	I		
	Gross income from members or shareholders	I		
	Gross income from other sources (Do not net amounts due or paid to other sources against	ŧ		
	amounts due or received from them.)	ļ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Page 6

Part VI Go

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Governing Body and Management

			_	
	Book Book Book Book Book Book Book Book		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		‡	
4.	circumstances, processes, or changes in Schedule O See instructions		1	
1a	• • • • • • • • • • • • • • • • • • • •	1	ŧ	
ь	and the financial of voting members and the periods.	-	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		†	v
_	any other officer, director, trustee, or key employee?	2	 -	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	١ .		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	
6	Does the organization have members or stockholders?	6	<u> </u>	
7a		- -	- U	
	of the governing body?	7a	X	
ь	,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			v
a	The governing body?	8a	v	X
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
ь			v	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		v	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	4.4		v
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	ction B. Policies		T	
100	Done the appropriate have a supplier of interest relies 2 M BNIs B on to line 12	120	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	i		
		126	1	
_	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13		
13 14	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13		
13 14 15	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14		
13 14 15	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14		
13 14 15	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14		
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14		
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14		-:
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b 16a b Sec 17	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b 16a b Sec 17	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b 16a b Sec 17 18	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		-
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		-
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b 16a b Sec 17 18	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		
13 14 15 a b 16a b Sec 17 18	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c 13 14 15a 15b		

Part VII

59-6304528 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply))	Reportable	Reportable compensation	Estimated
	week	I t d nrı dur ı se v t c ı e t de o u r a o	I t n r s u	0++-0	K e y e m p l o y e e	H c e m p l e m p l e e n y e e t e d	F o r m e r	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
OSIE T PRIDGEN	_			٦,						
REASURER	2			X						
				_						
							_			
						-				
										_
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о,	•	•^	•
_	31.	16	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No	Part VII Section A. Officers, Directors, Trusteer	s, Key Employ	/ees, a	and	High	est	Comp	ens	ated Employees	(continued)			
b Total Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization last any former officer, director or trustee, key employee, or highest compensation from the organization fall the organization and related organization greater than \$150,0000 if reportable of the organization form the organization in the 1a receive or accrue compensation from any surrelated organization for services cendered to the organization of in the 1a receive or accrue compensation from any surrelated organization for services cendered to the organization of in the 1a receive or accrue compensation from any surrelated organization for services cendered to the organization of the target of the organization of the organization of the target of the organization of the o		(B)							1				
b Total Do de organization is at any former officer, director or frustee, key employee, or highest compensation from the organization is the organization in let a, see the organization organization organization organization organization organization organization organization organization. If yet a complete scheduled is organization organization organization organization organization. If yet a complete scheduled is organization organization organization. If yet a complete scheduled is organization organization organization. If yet a complete scheduled is organization organization organization. If yet a complete scheduled is organization organization organization organization organization organization. If yet a complete c	Name and title	1 -	Positr apply	on (ct)	heck a	all tha	t		1				
b Total				ن ا ا	Τ_	Кe	Нсе	F	1	1			
b Total Total number of individuals (including those in 1a) who received more than \$100,000 in reportation from the organization and related organization is tarry drividual listed on line 1a, is the sum of reportable compensation from the organization in a 1a, is the sum of reportable compensation from the organization is tarry drividual stated on line 1a, is the sum of reportable compensation from the organization in the organization if the organization is tarry former officer, director or trustee, key employee, or highest compensation from the organization is tarry former officer, director or trustee, key employee, or highest compensation from the organization and other organization is tarry former officer, director or trustee, key employee, or highest compensation from the organization and other organization is tarry former officer, director or trustee, key employee, or highest compensation from the organization is tarry former officer, director or trustee, key employee, or highest compensation from the organization is tarried to the organization of the organization of the organization of the organization of the organization is tarried to the organization of the organization from the organization is tarried to the organization is the organiz			12 11	n r	f f	e m	, om	0					
b Total b Total b Total c Total		WCCK	l s e	t u	i l	1		m				-	
b Total Did the organization ist any former officer, director or frustee, key amployee, or highest compensation from the organization b Did the organization ist any former officer, director or frustee, key amployee, or highest compensation from the organization b Did the organization ist any former officer, director or frustee, key amployee, or highest compensated employee on line 1ar 2 if 1 Yes, "complete Schedule J for such individual sleed on line. Is, the sum of reportable compensation from the organization and related organizations greater than \$150,000? If Yes, "complete Schedule J for such individual. Did any person listed on line I a receive or accrue compensation from any unrelated organization for services endered to the organization? If "Yes," complete Schedule J for such person. Solitor B. Independent Contractors Complete this table for your live highest compensated independent contractors that received more than \$100,000 of compensation from the organization Name and business address Total in number of independent contractors (including those in 1) who received more than \$100,000 line organization is the organization in the organization in the organization is compensation from the organization in the organization in the organization is compensation from the organization is compensated independent contractors (including those in 1) wh			l'et	1	1	O y	s S v	4	1				
b. Total b. Total b. Total corpanization is a fire three, complete schedule J for such individual corpanization and related organizations greater than \$150,000 °If "Yes," complete Schedule J for such individual b. Total morphore of individuals (including those in 1a) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director of frustee, key employee, or highest compensated employee on line 1a ? If "Yes," complete Schedule J for such individual For any individual isteed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 °If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Compensation from the organization. Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization. Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization.			1 ~ ~	1 '	r	e	t t e	1				and re	ated
b Total Did the organization No. Total			a o	n								organiza	ations
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.			ļ <u>'</u>		<u> </u>	<u> </u>		<u> </u>					
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.				1				l			-		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.				 	┢	<u> </u>			· - -	 -	-		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.											 		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.			Ι.										
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.			ļ		<u> </u>	<u> </u>							
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.						ĺ							
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.		- 	-	-	-	 			 		-		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.											-		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.											<u> </u>		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.									_				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.				L.							<u> </u>		-
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.											-		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.								\neg					
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.										<u> </u>			
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No.													
Organization ▶ Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													0
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		nio ieceiveu ii	iore ur	iaii 4	,,,,	,,,,,,,,	, iii iet	0016	ibic compensation	nom the			(
employee on line 1a? If "Yes," complete Schedule J for such individual									·=	7		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Did the organization list any former officer, director	or trustee, key	empi	oyee	e, or	hıgh	est co	mpe	ensated				
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3		X
Individual													
Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person													v
services rendered to the organization? If "Yes," complete Schedule J for such person											4		^
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation Form the organization Form the o	• •										5		Х
Compensation from the organization (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization Compensation Compensat	ection B. Independent Contractors												
(A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation ▶		ed independer	nt cont	racto	ors t	hat r	eceive	ed m	ore than \$100,000	of			
Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶						_				 -			
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶		_							1				
compensation from the organization ▶	Name and business address	<u></u>							Description of ser	VICES	Compe	isation	_
compensation from the organization ▶						_							
compensation from the organization ▶				_									
compensation from the organization ▶													
compensation from the organization ▶									<u> </u>				
	•	those in 1) who	o rece	ved	mor	e tha	an \$10	0,00	00 in	-			
	compensation from the organization ▶										Eo *	100 (0	2001

EEA

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Cgoa	1a	Federated campaigns 1a				
oitm	Ι.		— [
nf ho tteu	b					
rs, rn i t	C					
b g s s u r ı	d		 •			
t a m	е	Government grants (contributions) 1e				
ot I	f	All other contributions, gifts, grants, and				
nsa s, r		similar amounts not included above	42			
a n	q	Noncash contributions included in lines 1a-1f. \$	_			
d	h	Total. Add lines 1a-1f	→ 3,442			
	<u> </u>	Business Cod	:			
	20	MEMBERSHIP DUES	8,646	8,646	Ī	Ì
PSR	Ι.		0,010	0,010		
r e e	Ь					
orv gve	C					
rin	d					
a c u m e e	е					
	f	All other program service revenue	_			
	q	Total. Add lines 2a-2f	8,646			
	3	Investment income (including dividends, interest, and				
	3	other similar amounts)	31	31		
	۱ ۵	Income from investment of tax-exempt bond proceeds				
	4	•				
	5	Royalties	1			
		(i) Real (ii) Persona	1			
	6a	Gross Rents				
	b	Less. rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	•			
	1	Gross amount from sales of (i) Securities (ii) Other				
	18	assets other than inventory				
		·	 i	1		
	b	Less' cost or other basis				
0		and sales expenses	 			
t		Gain or (loss)		•		
h	d	Net gain or (loss)	>			
r	8a	Gross income from fundraising		1		
		events (not including \$				
R		of contributions reported on line 1c).				
e v		See Part IV, line 18	751	1		
ė	h	Less. direct expenses b		1		
n		Net income or (loss) from fundraising events	▶ 50,751	50,751		
u e		` '	507752	50,,50		
•	9a	Gross income from gaming activities				
		See Part IV, line 19		I		
		Less: direct expenses b				
	C	Net income or (loss) from gaming activities	>			
	10a	Gross sales of inventory, less		I		
		returns and allowances a		1		
		Less cost of goods sold b		1		
1		Net income or (loss) from sales of inventory	→			
		Miscellaneous Revenue Business Code				
ł	11-		- - i	†	l	
	11a					
	_ b					
1	C					
ŀ	d	All other revenue				
1	e	Total. Add lines 11a-11d	>			
1	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
l		9c, 10c, and 11e	▶ 62,870	59,428	o	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
D	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundrausing					
7t	o, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S See Part IV, line 21	6,200	6,200_							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the			:						
	U.S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management	5,147		5,147						
b	Legal									
C	Accounting	600		600						
d	Lobbying									
е	Professional fundraising services See Part IV, line 17.									
f	Investment management fees									
g	Other	50,429			50,429					
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses			`						
	for any federal, state, or local public officials									
9	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses Itemize expenses not		1							
	covered above (Expenses grouped together		1							
	and labeled miscellaneous may not exceed		I							
	5% of total expenses shown on line 25 below.)									
a										
þ										
C										
d										
e										
f	All other expenses									
5	Total functional expenses. Add lines 1 through 24f	62,376	6,200	5,747	50,429					
6	Joint Costs. Check here ▶ ☐ if following \ SOP 98-2. Complete this line only if the organization			ł						
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation			ı						

59-6304528

Pa	rt X	Balance Sheet	(A)			(B)	
			Beginning of year		End	of yea	
	1	Cash - non-interest-bearing	13,849	1		14,	342
	2	Savings and temporary cash investments		3			
	3	Pledges and grants receivable, net		4			
	4	Accounts receivable, net		+ 4			
	5	Receivables from current and former officers, directors, trustees, key		_			
	-	employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
Α		Part II of Schedule L		δ			
8	7	Notes and loans receivable, net		7 -			100
e e	8	Inventories for sale or use		8		<u> </u>	180
ť	9	Prepaid expenses and deferred charges		-9			
8	10a	Land, buildings, and equipment cost basis 10a					
	Ь	Less accumulated depreciation Complete		1			
		Part VI of Schedule D		10c			
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line 11		12			
	13	Investments - program-related See Part IV, line 11	-	13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,849	16		20,	522
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
Ļ	19	Deferred revenue	· -	19			
i a	20	Tax-exempt bond liabilities		20			
b	21	Escrow account liability Complete Part IV of Schedule D		21			
i I	22	Payables to current and former officers, directors, trustees, key]			
i		employees, highest compensated employees, and disqualified					
ţ		persons Complete Part II of Schedule L		2.2			
i e	23	Secured mortgages and notes payable to unrelated third parties		23			
8	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	0	26			0
		Organizations that follow SFAS 117, check here▶ ☐ and	•				
Į F		complete lines 27 through 29, and lines 33 and 34.		1 1			
u	27	Unrestricted net assets		27			
n d	28	Temporarily restricted net assets		28			
`_	29	Permanently restricted net assets		29			
B		Organizations that do not follow SFAS 117, check here ▶ 🏻				•	
ī		and complete lines 30 through 34.		1 1			
a	30	Capital stock or trust principal, or current funds	<u> </u>	30			
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
е	32	Retained earnings, endowment, accumulated income, or other funds	13,849	32		20,	
s	33	Total net assets or fund balances	13,849	33		20,	522
	34	Total liabilities and net assets/fund balances	13,849	34		20,5	522
Pai	t XI	Financial Statements and Reporting					
						Yes	No
1		iting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other				4,	
2a		ne organization's financial statements compiled or reviewed by an independent account			2a	X	<u> </u>
þ		ne organization's financial statements audited by an independent accountant?			2b	X	
C		to lines 2a or 2b, does the organization have a committee that assumes responsibility				7,	
		it, review, or compilation of its financial statements and selection of an independent acc			2c	X	-
3a		sult of a federal award, was the organization required to undergo an audit or audits as s					٦,
	7	gle Audit Act and OMB Circular A-133?			3a		X
h	If "Yes "	did the organization undergo the required audit or audits?			3b	'	1

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service' If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organization	ns Complete Part III			
_	Name of organization			Employer	identification number
E	SLUE BENGAL ATHLETHIC ASSOC	INC		59-63	04528
P	To be completed by a See the instructions for Sche	all organizations exempt under dule C for details	er section 501	(c) and section 527	organizations.
1	Provide a description of the organizatio	n's direct and indirect political campaig	gn activities in Part	IV.	
2	Political expenditures				
3	Volunteer hours				<u></u>
					
P	To be completed by a See the instructions for Sche	III organizations exempt under dule C for details	er section 501	(c)(3).	
1	Enter the amount of any excise tax incu	irred by the organization under section	1 49 55		
2	Enter the amount of any excise tax incu	rred by organization managers under	section 4955	▶ \$_	
3	If the organization incurred a section 49	55 tax, did it file Form 4720 for this ye	ar?		🗌 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 🔲 No
	o If "Yes," describe in Part IV				
P	To be completed by a See the instructions for Sche	II organizations exempt under dule C for details.	er section 501(c), except section (501(c)(3).
1	Enter the amount directly expended by	the filing organization for section 527	exempt function		-
	activities				
2	Enter the amount of the filing organization	on's funds contributed to other organiz	ations for section		
	527 exempt function activities			▶ \$_	
3	Total of direct and indirect exempt functi	ion expenditures. Add lines 1 and 2 ar	nd enter here and		
	on Form 1120-POL, line 17b				
4	Did the filing organization file Form 1120				
5	State the names, addresses and employ	yer identification number (EIN) of all se	ection 527 political	organizations to which pa	yments
	were made Enter the amount paid and	-			
	contributions received and promptly and	directly delivered to a separate politic	al organization, su	ch as a separate segrega	ated
	fund or a political action committee (PAC	If additional space is needed, provi	de information in P	art IV	
	(°) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
			-		

	dule C (Form 990 or 990-EZ) 2008 BLUE BENGAL ATHL	tions exempl	under section	501(c)(3) that fil	59-630 ed Form 5768	
	(election under section 501(l	1)). See the instr	uctions for Schedule	C for details		
Ā	Check ▶ ☐ if the filing organization belongs to					
В	Check ▶ ☐ if the filing organization checked bo	x A and "limited o	control" provisions ap	pply		
	•	ring Expenditure			(a) Filing organization's	(b) Affiliated group totals
	(The term "expenditures" m	· · · · · · · · · · · · · · · · · · ·	<u> </u>		totals	<u> </u>
1a	Total lobbying expenditures to influence public or			I I		
b	Total lobbying expenditures to influence a legisla	, ,		ī		
C	Total lobbying expenditures (add lines 1a and 1b			ľ		
ď	Other exempt purpose expenditures					-
e	Total exempt purpose expenditures (add lines 10					
'	Lobbying nontaxable amount Enter the amount f	rom the lollowing	table in boin			
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	tis:		-
	Not over \$500,000	20% of the arr	ount on line 1e			<u> </u>
'	Over \$500,000 but not over \$1,000,000		15% of the excess			*
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			i i
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of	ver \$1,500,000		<u> </u>
Į	Over \$17,000,000	\$1,000,000				Ī
i j	Subtract line 1f from line 1c Enter -0- if line f is multi- lif there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did	the organization file	Form 4720 reporting		Yes
i j	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did	the organization file	Form 4720 reporting	all of the five	Yes
j	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did Year Averaging P ade a section 50 e the instruction	the organization file	Form 4720 reporting n 501(h) t have to complete a gh 2f of the instruct	all of the five	Yes
i 	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did Year Averaging P ade a section 50 e the instruction	the organization file	Form 4720 reporting n 501(h) t have to complete a gh 2f of the instruct	all of the five	Yes (e) Total
j j	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did Year Averaging P ade a section 50 e the instruction ng Expenditures	the organization file Period Under Section 1(h) election do not section for lines 2a through the desired for lines 2a through the desired for lines 4-Year Aver	Form 4720 reporting n 501(h) t have to complete a gh 2f of the instruct aging Period	all of the five	
i j 2a b	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did Year Averaging P ade a section 50 e the instruction ng Expenditures	the organization file Period Under Section 1(h) election do not section for lines 2a through the desired for lines 2a through the desired for lines 4-Year Aver	Form 4720 reporting n 501(h) t have to complete a gh 2f of the instruct aging Period	all of the five	
_	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did Year Averaging P ade a section 50 e the instruction ng Expenditures	the organization file Period Under Section 1(h) election do not section for lines 2a through the desired for lines 2a through the desired for lines 4-Year Aver	Form 4720 reporting n 501(h) t have to complete a gh 2f of the instruct aging Period	all of the five	
b	(Some organizations that m columns below. Section 4911 tax for this year?	e 1h or line 1i, did Year Averaging P ade a section 50 e the instruction ng Expenditures	the organization file Period Under Section 1(h) election do not section for lines 2a through the desired for lines 2a through the desired for lines 4-Year Aver	Form 4720 reporting n 501(h) t have to complete a gh 2f of the instruct aging Period	all of the five	
b	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1i, did Year Averaging P ade a section 50 e the instruction ng Expenditures	the organization file Period Under Section 1(h) election do not section for lines 2a through the desired for lines 2a through the desired for lines 4-Year Aver	Form 4720 reporting n 501(h) t have to complete a gh 2f of the instruct aging Period	all of the five	

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	5768 (election under section 501(h)). See the instructions for Schedule C for details	(a)	(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or	-			
	referendum, through the use of.				
а	Volunteers?	ļ			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		1		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912		1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1	1	<u> </u>	
d		504(. \ / 5 \		
Pa	To be completed by all organizations exempt under section 501(c)(4), section	501(0	c)(5),	or	
	section 501(c)(6). See the instructions for Schedule C for details				_ N-
				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	+-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	+
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
ra	tili-B To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Dar	,,(ο,, + 111/	V .	
	question 3 is answered "Yes." See Schedule C instructions for details	II F AI	(111-7-	٠,	
1	Dues, assessments and similar amounts from members		1		
1	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of	•	•••	*	
2	political expenses for which the section 527(f) tax was paid).		1		
_	Current year		2a		
a	Carryover from last year		2b		
b	Total		2c		
C 2	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	г	3		-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	· ·	-		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
	expenditure next year?		4		_
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	·····	•
	TIV Supplemental Information				-
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line	- 1ı			_
	complete this part to provide the descriptions required for Fart PA, line 1, Fart PB, line 4, Fart PB, line 6, and Cart PB, line 6, and	,			
1150,	Complete this part for any additional information				
					
			_		
		-			
	_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

Name	e of the organization		Employer identification number
ВL	UE BENGAL ATHLETHIC ASSOC IN	IC .	59-6304528
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Funds	or Accounts. Complete if
	the organization answered "Yes" to Form 990, I		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis	ors in writing that the assets held in donor advise	ed
•	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and d		,
	used only for charitable purposes and not for the bene		
	impermissible private benefit?		
Pa		f the organization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the org		
•	Preservation of land for public use (e.g., recreation		rically important land area
	Protection of natural habitat	Preservation of certified	• •
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualifier	d conservation contribution in the form of a cons	ervation easement
_	on the last day of the tax year		
	on are used any or are same your		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements.		
С	Number of conservation easements on a certified histo		
d	Number of conservation easements included in (c) acq		
3	Number of conservation easements modified, transferr		
	the taxable year▶	•	
4	Number of states where property subject to conservation	on easement is located ►	
5	Does the organization have a written policy regarding to	\	d
	enforcement of the conservation easements it holds? .		
6	Staff or volunteer hours devoted to monitoring, inspecti		
7	Amount of expenses incurred in monitoring, inspecting,	, and enforcing easements during the year▶ \$	
8	Does each conservation easement reported on line 2(d		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports cons	servation easements in its revenue and expense	statement, and
	balance sheet, and include, if applicable, the text of the	footnote to the organization's financial statemen	nts that describes
	the organization's accounting for conservation easeme	nts	
Pa	t III Organizations Maintaining Collecti	ons of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 11	16, not to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for	public exhibition, education, or research in furthe	erance of public service,
	provide, in Part XIV, the text of the footnote to its finance	ial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 11	6, to report in its revenue statement and balance	e sheet works of art,
	historical treasures, or other similar assets held for public	lic exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic	al treasures, or other similar assets for financial	gain, provide the
	following amounts required to be reported under SFAS	116 relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		^ ▶ \$

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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uncertain tax positions under FIN 48.

Financial deriv	(a) Description of security or category		
Financial deriv		(b) Book value	(c) Method of valuation
Financial deriv	(including name of security)		Cost or end-of-year market value
	ratives and other financial products		
	quity interests	• • •	
Other			
			<u></u>
	<u> </u>		
Total (Column (b)) should equal Form 990, Part X, col (B) line 12)	•	`
Part VIII	Investments - Program Relate	d. See Form 990, Part X, line 13	
11.414		(b) Book value	(c) Method of valuation
	(a) Description of investment type	(b) Book value	
			Cost or end-of-year market value
			
			
	should equal Form 990, Part X, col (B) line 13)	•	
Total. (Column (b)	Should equal Form 990, Fall A, Col (D) line 10)		
Part IX	Other Assets. See Form 990, Part	K, line 15	(b) Book value
			(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
		K, line 15	(b) Book value
Part IX	Other Assets. See Form 990, Part	K, line 15 (a) Description	
Part IX	Other Assets. See Form 990, Part >	K, line 15 (a) Description	
Part IX	Other Assets. See Form 990, Part	K, line 15 (a) Description	
Part IX	Other Assets. See Form 990, Part >	K, line 15 (a) Description	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	
Part IX Total. (Column (b) Part X Federal income	Other Assets. See Form 990, Part > should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part (a) Description of liability	rt X, line 25	

	dule D'(Form 990) 2008 BLUE BENGAL ATHLETHIC ASSOC INC	59-6304528	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	62,870
2	Total expenses (Form 990, Part IX, column (A), line 25)	.2	62,376
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	494
4	Net unrealized gains (losses) on investments	-4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	494
	Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements	1	62,870
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	-	
þ	Donated services and use of facilities	-	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	<u>i _</u>	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	62,870
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIV)	_	
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	62,870
	T XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	<u> </u>	60.356
1	Total expenses and losses per audited financial statements	1	62,376
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
b		-	
d		-	
e	Other (Describe in Part XIV)		
3	Subtract line 2e from line 1	3	62,376
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		02,370
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	62,376
	XIV Supplemental Information		02,570
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b	<u> </u>	
	b, Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.		
X11U Z	b, Fait V, mie 4, Fait X, Fait XI, mie 6, Fait XII, mies 20 and 4b, and Fait XIII, mies 20 and 4b.		
			
		_ _	
			

SCHEDULE'G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

ame of the organization					елфоуел о	amicanon manuer		
BLUE BENGAL ATHLETHI	C ASSOC I	INC			59-	630 <u>452</u> 8		
Part Fundraising Activiti	es. Complete if the	he organization	on answere	ed "Yes" to Form 990,	Part IV, line 17	· -		
Indicate whether the organization is	aised funds throi	ugh any of the	e followina	activities. Check all th	nat apply			
a Mail solicitations	2.000 12.100 2.100							
b Email solicitations	e Solicitation of non-government grants f Solicitation of government grants							
- R		· -		-	113			
===	g Special fundraising events							
d In-person solicitations								
2a Did the organization have a written		-		=				
or key employees listed in Form 99	•	-			_	res 📙 No		
b If "Yes," list the ten highest paid inc						5		
to be compensated at least \$5,000	by the organizat	ion Form 990	0-EZ filers a	are not required to co	mplete this table			
(i) Name of individual	(ii) Activity	(iii) Did fund	raiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
or entity (fundraiser)		custody or control		from activity	(or retained by)	(or retained by)		
		contribu	utions?		fundraiser listed in col (i)	organization		
			N-	 	COI (I)	-		
		Yes	No	-				
	 				ļ	ļ <u></u>		
	1	- 1	1					
			_					
			}	1				
			1		 			
	<u> </u>				·	<u> </u>		
	<u> </u>							
			•					
			1	1	1			
Tetal			_					
Total					4			
3 List all states in which the organization	in is registered o	r licensed to s	solicit tunas	s or nas been nouned	it is exempt from			
registration or licensing								
					<u> </u>			
								
						·		
								
						 		
Section 227 - 2 Section and Company								
								

Pa	rt li					orted	
		more than \$15,000 on Form 9	90-EZ, line ba List events (a) Event #1	(b) Event #2	(c) Other Events		_
						(d) Total Events Add col (a) through	
R			(event type)	(event type)	(total number)	col (c))	
e v		_					
e n	1 2	Gross receipts					_
u	2	contributions					
е	3	Gross revenue (line 1					
\Box		minus line 2)					_
P		Oach muse					
r	4	Cash prizes					
e c	5	Non-cash prizes					
t		• • • • • • • • • • • • • • • • • • • •					
E x	6	Rent/facility costs	<u></u>				
р	_	Oth an diment arrange					
e n	7	Other direct expenses					_
s e	8	Direct expenses summary Add line	es 4 through 7, column (d)) <i></i>		()_
s	9	Net income summary Combine lin	es 3 and 8 in column (d)	 <u>.</u>	<u></u>		
Pa	rt II		-	s" to Form 990, Part IV, line	e 19, or reported more		
_		than \$15,000 on Form 990-E2	Z, line 6a	Ch Dull tabellactors		(d) Total gaming (Add	_
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col (a) through col (c))	
e n		Ì					
$\overline{}$	1	Gross revenue	<u> </u>				_
Direct		0					
e	2	Cash prizes	<u> </u>				_
- 1	3	Non-cash prizes					_
Шхоесмем				-			
e n	4	Rent/facility costs					_
e e	5	Other direct expenses					
-		Other direct expenses	Yes %	☐ Yes %	☐ Yes %		_
	6	Volunteer labor		☐ No	No	-	
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)		<u> </u>	<u>'</u>
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)			
						Yes No	<u></u>
9		er the state(s) in which the organiza				_	
a		ne organization licensed to operate	gaming activities in each o	of these states?		9a	_
b	יו- זו	lo," Explain.					
10a	We	re any of the organization's gaming	licenses revoked, suspen	ded or terminated during t	he tax year?	10a	_
b	If "Y	'es," Explain.					
11	Doe	es the organization operate gaming	activites with nonmember	s?		11	_
12	!s th	e organization a grantor, beneficiar	y or trustee of a trust or a	member of a partnership of	or other antity		_
	form	ned to administer charitable gaming	?			12	_