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990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

					The organization ma				3 7		
	<u> </u>	or the	e 2009 calen	dar year,	, or tax year beginning		07-01		nding	06	-30 , 20 09
	B	Check if	applicable	Please	C Name of organization B	LUE BENGAL A	THLETHIC ASS	SOC INC		1	D Employer identification no.
		Address	change	use IRS label or	Doing Business As R	OSIE T PRIDG	en				59-6304528
5		lame ch	ange	print or	Number and street (or P	O box if mail is not delive	ered to street address)		Room/suite		E Telephone number
7		nitial reti	nu.	type. See	1254 EASTOVER	DR					(601)201-2476
တ	\equiv	eminat		Specific	City or town, state or cou					- 1	G Gross receipts
-	<u>'</u>	mende	-	Instruc- tions	Jackson, MS 3	•					s 84,253
9					e and address of principal offic		PTDCPN				
¥		фрисан	gnioner, no	i					H(a) Is this a affiliates	group retu	ım for Yes X No
					4 EASTOVER DR,			 			
				<u> </u>	7) ◀ (insert no)	4947(a)(1) or	527		If "No," a		t (see instructions)
			▶ N/A						H(c) Group ex	emption r	
			rganization	Corporation	n Trust Association	Other ▶	L\	ear of formation	M Sta	te of legal	domicile MS
	Par	·····	Summar		 				· · · · · · · · · · · · · · · · · · ·		
		1	Briefly descr	ribe the o	rganization's mission o	r most significant a	ctivities. JST	J EDOWED SCI	HOLARSHIP	PROG	RAM
	A										
	Ĉ G t o							 			
	iy										
	V e	2		_	if the organization disco	•	•			1	ı
	t n	3	Number of v	oting mer	mbers of the governing	body (Part VI, line	1a)	<i></i> .		3	5
	!a еп	4	Number of in	ndepende	ent voting members of t	he governing body	(Part VI, line 1b)			4	5
	s c e	5	Total numbe	r of empl	oyees (Part V, line 2a)	<i>.</i>				5	0
	8	6	Total numbe	r of volun	iteers (estimate if nece	ssary)				6	10
		7a	Total gross u	unrelated	business revenue from	Part VIII, column (C), line 12			7a	0
		ď	Net unrelate	d busines	ss taxable income from	Form 990-T, line 3	4	<i></i>		7b	0
					<u> </u>				Pnor Year		Current Year
	Re	8	Contributions	s and gra	nts (Part VIII, line 1h)					,442	879
	٧	9		_	nue (Part VIII, line 2g)					3,646	9,631
	e n	10	•		art VIII, column (A), line			<u></u>		31	28
	u e	11			/III, column (A), lines 5,			P	45	,004	69,046
	•	12			nes 8 through 11 (must			,	57	,123	79,584
		13			ounts paid (Part IX, co					,200	9,375
2010		14			members (Part IX, colu					,	0
-	E	1	•		ensation, employee ben						0
2	P	i		•	ng fees (Part IX, colum						
	e n	1			enses (Part IX, column			4,392			······································
SE	S				IX, column (A), lines 11	· · · — —			5.6	,498	59,061
_	s			•	ines 13-17 (must equa			P		,698	68,436
		1					VED	-		5,575	
NN.		19	neveriue les	s expense	es Subtract line 18 fa	"""REUE!	VEID-101				
\mathbf{z}	Net Assets	20	Total access	/Dod V lu	no 16)	-	181	_ <u>D</u>	nnung of Current	,522	End of Year
4	or Fund	[ne 16)	81 Air 24	·2010·121·			,522	33,239
\mathcal{O}_{i}	Bad-			, ,	line 26)	7.1 . 4000	聚 .			F00	22 220
က္မ					ances Subtract line 2	from line 20	·	<u></u>		,522	33,239
Ŀ	Par	C E# 1	Signatur		K I declare that I have examined	LOGDE	U I	and statements, and to	too post of my kno	wiedee	
			and belief, it	yue, correct	t, and complete Declaration of	preparer (other than office	er) is based on all infor	mation of which prepar	er has any knowle	dge	4/ ,
	Sign		. 67	011	In Man	Idage)				1 1	(/19/10
	-		Signature	44	19. 9.97u	(gen)				Date.	7///
ì	Here		, ,		, ,	/				Date	,
				T PRI		R			- t		
_			Type or pi	nnt name an	od title	7					
			Preparer's	1			Date	Check if	(see ii	rers ident istructions	ifying number s)
F	Paid		signature		marcel IX	iD.		employed	, ≽ X ` ~		
_	repa	rer's		10	ming KIJA	ner (K.	08-19-2	010	Po	0016	227
	Jse O		rim's name (o	r yours	TAX CENTER II			Ε	IN ,	910	1.1.1
		-	if self-employed address, and Z	d).	/2425 LIVINGS				64-0	<u> </u>	<i>QO1</i>
_			auuress, and Z		Jackson, MS	39213		F	Phone no ▶60:	L-981	
N	lay th	e IRS	discuss this i	return witl	h the preparer shown a	bove? (see instruc	tions)				🗌 Yes 🔀 No

	m 990 (2009) BLUE BENGAL ATHLETHIC ASSOC INC	59-6304528	Page
P	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	JSU EDOWED SCHOLARSHIP PROGRAM	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	∐ Yes 🔀	∐ No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Пи. Б	
	services?	∐ Yes ⊠	∐ No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expens		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grain allocations to others, the total expanses, and revenue of pays for each program convey reported.	ns and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$63,767 including grants of \$9,375) (Revenue	A 0 A	253 \
74	THE BLUE BENGAL ATHLETIC ASOCIATION INC. CONTRIBUTES	J01,	<u> 255</u>)
	ANNUALLY TO THE JACKSON STATE UNIVERSITY ENDOWMENT	<u> </u>	
	FUND. THE ORGANIZATION HAS A SCHOLARSHIP FUND SET		
	UP TO AID DESERVING STUDNETS ACHIEVE THEIR GOALS IN		
	KEEPING WITH THE MISSION OF THE ORGANIZATION.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		_	
			
Þđ	Other program services. (Describe in Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$		
ŀе	Total program service expenses ► 63,767		

BLUE BENGAL ATHLETHIC ASSOC INC

Pa	rt IV Checklist of Required Schedules			
<u> </u>			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Ī	
•	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
7	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	l	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ü	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6	1	X
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 '		 -
8		8		X
_	complete Schedule D, Part III	۳		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		х
	complete Schedule D, Part IV	9		├^
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		х
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		_^_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			X
	VII, VIII, IX, or X as applicable	11		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete]
	Schedule D, Part VI			
i	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
ļ	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII			. 1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			.]
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
- 1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			- 1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			J
	Schedule D, Parts XI, XII, and XIII	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	_		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{x}{x}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		l	7,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			7.
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		ļ	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		ļ	
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 24a 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 lines X 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X

Pε	ert V Statements Regarding Other IRS Filings and Tax Compliance			
تستب			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		1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
·	gaming (gambling) winnings to prize winners?	1c	[i	x
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
_	the second secon	2b		Х
b				<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			ĺ
_	instructions)			
3a		20		
	this return?	3a		r
b		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			4.5
	account)?	4a		X
b				ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
-	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal]		
е	benefit contract?	7e	Ì	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
' -	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	.9		
h	required?	7h		
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- ** -		
8				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	Ì	
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.		
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	Ī		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	I	- 1	
11	Section 501(c)(12) organizations. Enter:	1	ĺ	
а	Gross income from members or shareholders	I	1	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	I	1	
	amounts due or received from them.)	#	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	EEA	Form	990 (2	2009)

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59-6304528 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	
Schedule O. See instructions	

<u>Sec</u>	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	4	Ī	
b	Enter the number of voting members that are independent	4	ŧ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ŧ	,,
	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			3,5
	supervision of officers, directors or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		ļ	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		37	X
6	Does the organization have members or stockholders?	6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_	3,5	
	of the governing body?		X	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			Ι,,
а	The governing body?	8a	7.	X
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			٠
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.9		X
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	١		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		١ ,,	
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40	v	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ		401	v	
	rise to conflicts?	12b	_X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	v	
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	-	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	-	Δ.
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a		
Ь	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-	•	
_	with a taxable entity during the year?	16a		
b				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	16b		
	the organization's exempt status with respect to such arrangements?	IOD		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed Section 6104 required on expansion to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)/3)s only)			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
_	Own website			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
:0 	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► ROSIE T PRIDGEN (601)201-2476			
	1254 EASTOVER DR JACKSON, MS 39211	Form	99n /2	ים ים

Part VII 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees. See instructions for definition of "key employee."

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	j		(C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posr I t d n r : d u r : s e v t c i e t d e o u r a o I r	1 1	ļ	K e y e m p l o y e e	H c en c e	F o r	from from related organizations		Estimated amount of other compensation from the organization and related organizations
ROSIE T PRIDGEN										
TREASURER	2.00			X		 				
	-			-						
						_				
								-		
		_		-						
							7			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			1							

P	art VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	d Hig	ghes	st Con	nper	sated Employee	s (continued)				
	(A) Name and Title	(B) Average		T	check		at apply		(D) Reportable compensation	(E) Reportable compensation	,		(F) stimated mount o	
		hours per week	I t d I n r i s I s c I e o I e o I a o I r	t s t t	f c e	Key employee	H c e m p h e n s t a t e d	r m	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	s	con	other hpensatifrom the ganization anization	ion e on
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			_											
					-								·	•
	-								-				-	
1b	Total							>	0		0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization ▶	those listed	abov	e) w	/ho r	ece	ived m	ore	than \$100,000 in		0		-	٠,
			1			LL							Yes	No
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for									. 		3		Х
1	For any individual listed on line 1a, is the sum of repor	table compe	ensatio	n ar	nd o	ther	comp	ensa	ation from					
	the organization and related organizations greater that											,		Х
=	Individual								on for		. -	4		
,	services rendered to the organization? If "Yes," complete	-								<u></u>		5		X
Sec	tion B. Independent Contractors													
I	Complete this table for your five highest compensated compensation from the organization.	ındepender	t cont	racto	ors t	hatı	receive	ed m	nore than \$100,00	0 of				
	(A) Name and business address								(B) Description of se	rvices	С		C) rsation	
			_								-			
			_						 					
						-								
?	Total number of independent contractors (including bu		to tho	se lis	sted	abo	ve) wi	no re	eceived					

Part	Λij	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
	1a	Federated campaigns 1a					
	Ь						
Contri-	c						
butions, gifts,	d	. .		[
grants	e	Government grants (contributions) 1e					
end other		All other contributions, gifts, grants,					
sımilar	'	and similar amounts not included above 1f	879	[
emounts	a	Noncash contributions included in lines 1a-1f	<u> </u>				
	h	Total. Add lines 1a-1f		879		:	
	 		Business Code			*************************	
	2a	MEMBERSHIP DUES		9,631	9,631	•	
	Ь						
Program	C						
Service Revenue	d						
	e						
	f					-	
		Total. Add lines 2a-2f		9,631		`	
-		Investment income (including dividends, interes		-,,,,			
	3	other similar amounts)		28	28		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	62	Gross Rents	(ii) i cioditai		1	,	
					1		
	i .	Rental income or (loss)			1		
	1	Net rental income or (loss)		Ţ	Ī	Ì	
	i	Gross amount from sales of (i) Secunties	(II) Other				
	/a	assets other than inventory	(4) 0 11/2		1		
	١.	Less cost or other basis			İ		
	"	and sales expenses		•	1		
O t	c	Gain or (loss)			1		
h		Net gain or (loss)		Ì			
e		Gross income from fundraising					
r		events (not including \$			1		
R		of contributions reported on line 1c).			1		
e v		See Part IV, line 18 a	73,715		1		
ė	ь	Less direct expenses b			Ī		
ח	1	Net income or (loss) from fundraising events .		69,046	69,046		
u e	l	Gross income from gaming activities					,,
		See Part IV, line 19 a			1		
	ь	Less direct expenses b			1		
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
	100	returns and allowances a			1		
	ь	Less: cost of goods sold b			‡		
		Net income or (loss) from sales of inventory			ı		
		Miscellaneous Revenue	Business Code		-		
	11a						
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶ ∫	79,584	78,705	0	0

Statement of Functional Expenses

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

1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. 2 Grants and other assistance to dividuals 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, line 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustess, and key employees. 6 Compensation of current officers, directors, trustess, and key employees. 7 Compensation of current officers, directors, trustess, and key employees. 8 Compensation of current officers, directors, trustess and wages. 9 Professional section 4958(0138). 9 Other employee benefits. 9 Other employee services (non-employees). 1 Read to rescribe (non-employees). 1 Adanagement . 2 Accounting. 1 Legal. 2 Accounting. 3 Legal. 4 Lobbying. 5 Legal. 5 Occupancy. 7 Travel. 5 Royalmes. 7 Occupancy. 7 Travel. 7 Travel. 7 Payments to affiliates. 8 Payments to affiliates. 9 Operciation, depletion, and amortization. 9 Depreciation, depletion, and amortization. 1 Payments to affiliates. 9 Operciation, depletion, and amortization. 1 Payments to affiliates. 9 Operciation, depletion, and amortization. 1 Payments to affiliates. 9 Operciation, depletion, and amortization. 1 Depreciation, depletion, and amortization. 1 Depreciation, depletion, and amortization. 2 Depreciation, depletion, and amortization. 3 Insurance. 5 Occupancy. 7 Payments to affiliates. 9 Operciation, depletion, and amortization. 9 Other expenses fermize expenses for any tederal, state, or local public officials. 9 Other expenses fermize expenses for any tederal and abobe demanders. 9 Other expenses fermize expenses for any tederal and abobe demanders. 9 Other expenses fermize expenses for any tederal and abobe demanders. 9 Other expenses. 9 Other expenses.		All other organizations must complete column on the include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
organizations in the U.S. See Part IV, line 21		, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
2 Gants 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, line 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation or included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and section 4958(r)(1) and 4958(r	1	-				
the U S See Part IV, Ine 22. oranis and other assistance to governments, organizations, and individuals outside the U S See Part IV, Ines 15 and 16. U S See Part IV, Ines 15 and 16. Benetits pad to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation of undivided above, to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and section 403(b) employer contributions). Other employee benefits. Payroll taxes. Payroll taxes. Accounting. I Logal. Accounting. I Logal. Accounting. I Logal. Accounting.	<u> </u>	9,375	9,375	: 		
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(f)(1) and persons described in section 4958(f)(1)) and section 4958(f)(1) and section 495	2					
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. 4 Benetis 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(r)(1) and persons described in section 4958(r)(3)(8). 7 Other salanes and wages. 8 Penson plan contributions (include section 401(k) and section 403(k) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Feas for services (non-employees). a Management. 4,669 4,669 b Legal. 5 Accounting. 6 Lobbying. 6 Professional fundrating services. See Part IV, line 17. 7 Investment management fees. 9 Other. 9 Other. 10 Other. 10 Other. 11 Travel. 15 Royalhes. 16 Cocupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Payments of stravel or entertainment expenses for any federal, state, or local public officials. 10 Insurance. 11 Insurance. 12 Operication, depletion, and amortization. 13 Insurance. 14 Individual control of the services of total expenses shown on line 25 below) 16 All other expenses shown on line 25 below) 17 Travel. 18 Insurance. 19 Cocupaneses shown on line 25 below) 10 All other expenses shown on line 25 below) 10 All other expenses shown on line 25 below) 11 Travel. 12 All other expenses shown on line 25 below) 13 Other expenses shown on line 25 below)		the U.S. See Part IV, line 22				
U. S. See Part IV, lines 15 and 16	3	Grants and other assistance to governments,				
### Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees .		organizations, and individuals outside the				
5 Compensation of current officers, directors, trustees, and key employees		U.S. See Part IV, lines 15 and 16				
trustees, and key employees	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4958(0)(3)(8). 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) a Management. 4,669 4,669 4,669 4,669 4,669 4,669 4,669 4,669 4,669 4,669 4,669 4,669 6 Professional fundraising services See Parl IV, line 17 investment management fees. 9 Other. 9 Other. 9 Other. 9 Other. 9 Other salaries and promotion 9 Other sepenses. 10 Office expenses. 11 Fees for services (non-employees) 12 Advertising and promotion 13 Office expenses of travel or entertainment expenses for any feeffal, state, or colar public officials 16 Occupancy. 17 Travel 18 Payments of travel or entertainment expenses for any feeffal, state, or colar public officials 19 Conferences, conventions, and meetings 10 Interest. 10 Payments to affiliates 10 Payments to affiliates 10 Payments to affiliates 10 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 10 All other expenses. 11 Fee All other expenses. 12 Other expenses shown on line 25 below) 13 All other expenses. 14 All other expenses. 15 Total functional expenses. Add lines 1 through 241. 16 Joint Costs. Check here ▶ ☐ if following. 17 SOP 98.2 Complete this line only if the	5	Compensation of current officers, directors,				
persons (as defined under section 4958(n)(11) and persons described in section 4958(n)(3)(8) 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) 2 Accounting 3 Lobbying 4 Lobbying 4 Professional fundraising services See Part IV, line 17 5 Investment management fees 9 Other 5 Other 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 13 Other expenses into affiliates 14 Interest 15 Payments of travel or entertainment expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 6 Interest 7 Total functional expenses 8 Add lines 1 through 241 8 Agd 8 Agd 9 9 9 10 All other expenses 11 All other expenses 12 Advertising and promotion 13 All other expenses 14 All other expenses 15 Total functional expenses 16 All other expenses 17 Titue 18 All other expenses 19 All other expenses 19 All other expenses 10 All other expenses 10 All other expenses 11 All other expenses 12 Advertising and promotion 13 All other expenses 14 All other expenses 15 Total functional expenses 16 All other expenses 17 All other exp		trustees, and key employees				
persons described in section 4958(c)(3)(B)	6	Compensation not included above, to disqualified				
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8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . 9 Other employee benefits . 9 . 9 . 9 . 9 . 9 . 9 . 9 . 9 . 9 .		persons described in section 4958(c)(3)(B)				
and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) a Management b Legal C Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees. Other. Other. 54,392 54,392 54, Advertising and promotion Total information technology Rocupancy Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest. Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a B A All other expenses Total functional expenses. Add lines 1 through 241. 6B, 436 9,375 4,669 54. 55 Total functional expenses. Add lines 1 through 241. 6B, 436 9,375 4,669 54.	7	Other salaries and wages				
9 Other employee benefits	8	Pension plan contributions (include section 401(k)				
9 Other employee benefits		and section 403(b) employer contributions)				
10 Payroll taxes	9				-	
a Management	10	· ·				
a Management		· · ·				
b Legal. c Accounting. d Lobbying. e Professional fundraising services See Part IV, line 17. f Investment management fees. g Other. 54,392 554, Advertising and promotion 30 Office expenses 41 Information technology 42 Advertising and promotion 43 Office expenses 44 Information technology 45 Royalties 46 Occupancy 47 Travel 48 Payments of travel or entertainment expenses for any federal, state, or local public officials 48 Conferences, conventions, and meetings 49 Conferences, conventions, and meetings 40 Interest 41 Payments to affiliates 42 Depreciation, depletion, and amortization 43 Insurance 44 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 48 All other expenses 55 Total functional expenses. Add lines 1 through 24f. 56 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the			4,669		4,669	
C Accounting	b					
d Lobbying e Professional fundraising services See Part IV, line 17 for Investment management fees. g Other		<u>-</u>				
e Professional fundraising services See Part IV, line 17. f Investment management fees. g Other. 54,392 54, 22 Advertising and promotion 33 Office expenses Information technology Boyalties Cocupancy. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest. Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c d All other expenses. Add lines 1 through 24f. Joint Costs. Check here ▶ ☐ if following: SOP 98-2 Compilet test list line vig the list line only if the 10 Jinuse	d					
f Investment management fees. g Other. 54,392 554, 24 Advertising and promotion 30 Office expenses 41 Information technology 45 Royalties 46 Occupancy 47 Travel 48 Payments of travel or entertainment expenses for any federal, state, or local public officials 49 Conferences, conventions, and meetings 40 Interest 41 Payments to affiliates 42 Depreciation, depletion, and amortization 43 Insurance 44 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 4 b 5 Total functional expenses. Add lines 1 through 24f. 6 Joint Costs. Check here p if following SOP 98-2 Complete this line only if the	e	F				
g Other	_					
Advertising and promotion Office expenses Information technology Information technology Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest. Payments to affilialtes Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c f All other expenses. Total functional expenses. Add lines 1 through 24f. Joint Costs. Check here p if following SOP 98-2 Complete this line only if the			54,392			54,392
Office expenses	_					
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Royalties						
Travel		•				
Travel		· · · · · · · · · · · · · · · · · · ·				
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b C d e f All other expenses All other expenses. Add lines 1 through 24f. Total functional expenses. Add lines 1 through 24f. SOP 98-2 Complete this line only if the		· · ·	-	,		 -
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Conferences, conventions, and meetings	10	· · ·			_	
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Payments to affiliates						
Depreciation, depletion, and amortization		- · · · ·				
Insurance						
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c d d e f All other expenses		· · · · · · · · · · · · · · · · · · ·				
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c d e f All other expenses						
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c d e f All other expenses	<u> </u>	· · · · · · · · · · · · · · · · · · ·		`		
5% of total expenses shown on line 25 below) a b c d e f All other expenses				1		
a				1		
b c d e f All other expenses		5% of total expenses shown on line 25 below)				
to de le						
f All other expenses						
f All other expenses						
f All other expenses	ď			+		
Total functional expenses. Add lines 1 through 24f						
Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the	f	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
SOP 98-2 Complete this line only if the			68,436	9,375	4,669	54,392
	26					
	-					
from a combined educational campaign and						
fundraising solicitation						Form 990 (2009)

EEA

33

59-6304528 Part X **Balance Sheet** (B) (A) Beginning of year End of year 14,342 1 30,159 2 2 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Α. 6 s 7 Notes and loans receivable, net e 6,180 8 3,080 8 t 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. | 10a | 10c Less accumulated depreciation. 10b 11 11 12 12 13 13 14 14 15 15 16 33,239 Total assets. Add lines 1 through 15 (must equal line 34) 20,522 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 b 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 0 26 26 Organizations that follow SFAS 117, check here▶ ☐ and complete lines 27 through 29, and lines 33 and 34. NF 27 u 27 e t n 28 28 . A 29 29 В s Organizations that do not follow SFAS 117, check here ▶ 💹 and complete lines 30 through 34. е 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 33,239 Retained earnings, endowment, accumulated income, or other funds 20,522 0 32 r 33,239

Form 990 (2009)

33,239

20,522

20,522

33

34

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

Name	e of the	organiz	etion							Employe	ridentification	number		
BLU	JE E	ENGA	L ATHLETH	IC ASSOC INC	:					59-0	6304528			
Pa	ırt I	1	Reason for	r Public Charit	t y Status (All organi	zations mu	st complet	e this part	.) See ins	tructions				
The	orga	nızatıo	n is not a priv	ate foundation bed	ause it is (For lines 1 t	hrough 11,	check only	one box)					
1		A chu	rch, convente	on of churches, or	association of churches	s described	ın sectior	170(b)(1))(A)(i).					
2		A sch	ool described	In section 170(b)	(1)(A)(ii). (Attach Sched	dule E.)								
3		A hos	pital or a coo	perative hospital se	ervice organization desi	cribed in se	ction 170	(b)(1)(A)(i	ii).					
4					ated in conjunction with)(A)(iii). E	nter the ho	spital's	name,	
			nd state		·									
5	П			erated for the bene	efit of a college or unive	rsity owned	or operat	ed by a go	vemmen	al unit des	cribed in			
	_			A)(iv). (Complete F		•	•							
6						scribed in a	ection 17	0(ь)(1)(А)	(v).					
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
•	described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8	П				on 170(b)(1)(A)(vi). (Co	mplete Par	t II.)							
9	П				s. (1) more than 33 1/39			contribution	ns. memb	ership fees	s. and gros	ss		
•	ш				cempt functions - subject									
					e and unrelated busines									
			_		e 30, 1975 See section							_		
10	П		-		ted exclusively to test for									
11	П		-		ted exclusively for the b					carry out t	the			
• •	ш	-	-		oorted organizations de									
					es the type of supportin									
			Type I	b Typ		Type III				d	☐ Type	III-Othe	r	
9					organization is not conf						_ ,.			
•	ш				ers and other than one									
)(1) or section			o,o.o pe	ypp							
f					letermination from the I	RS that it is	a Type Li	Type II. or	Type III s	upportina				
•			_											Г
_		-			ızatıon accepted any gi									
g			ng persons?	Joo, mas the organ	ization accepted any gi	ii oi oonan	adon nom	any or are						
				directly or indirectly	y controls, either alone	or together	with nerse	ne describ	ned in (ii)				Yes	No
					ly of the supported orga							11g(i)	1	
					scribed in (i) above?							11g(ii)	 	
					on described in (i) or (ii)							11g(iii)	—	-
_					it the supported organiz							119(11)	<u>''</u>	L
<u>h</u>	6) N	ame of si		(ii) EIN	(iii) Type of organization	(iv) Is the c	manization	(v) Did y	ou natify	(vi)	ls the	(vii)	Amount	of
	(,, .,	organiza		(4) 2	(described on lines 1-9	in col (i) lis	-	the organi	zation in	organizati	on in col		support	
					above or IRC section (see instructions)	governing o	locument?	∞((i)	of your port?	(i) organiz	ted in the S ?			
					(See Haddedda)	Yes	No	Yes	No	Yes	No	ĺ		
		_				1 .00	110	1.00		1			•	
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Total				l	I	∓	}	ŧ	1	I .	1			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

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) organizations Complete Part III Employer identification number Name of organization 59-6304528 BLUE BENGAL ATHLETHIC ASSOC INC Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955. ▶ \$ ☐ Yes □ No No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, □No State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments

fund or a political action committee (PAC) If additional space is needed, prov	ide information in l	Part IV	
(a) 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-

were made. For each organization listed, enter the amount paid from the organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

Sch	edule C (Form 990 or 990-EZ) 2009 BLUE BENGAL				59-6304	
P	art II-A Complete if the organizatio	n is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (elec	etion
	under section 501(h)).					
4		_				
3	Check ► ☐ if the filing organization checked l			pply		
	Limits on Lobi	bying Expenditur	es		(a) Filing	(b) Affiliated
	(The term "expenditures" r	means amounts	paid or incurred.)		organization's totals	group totals
1 <i>a</i>	Total lobbying expenditures to influence public	opinion (grass roc	ots lobbying)			
Ŀ		• •				
C	· · · · · · · · · · · · · · · · · · ·					
C	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	t from the followin	g table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000		g nontaxable amou			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	us 10% of the excess	over \$1,000,000	[
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	us 5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g		ne 1f)				
h						
i	Subtract line 1f from line 1c If zero or less, ente					
i	If there is an amount other than zero on either li	ne 1h or line 1ı, di	d the organization file	e Form 4720 reportin	 g	
•	section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that	made a section 5				
	Lobby	ing Expenditure	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures			-		
d	Grassroots nontaxable amount	·····				
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under section 501(h)).					
		((a)		(b)	
		Yes	No	4	moun	t
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			ŧ		
	referendum, through the use of			1		
а	Volunteers?			ļ	,	
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
¢	Media advertisements?					
d	Mailings to members, legislators, or the public?			$oxed{oxed}$		
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		_	<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Ė		
b	If "Yes," enter the amount of any tax incurred under section 4912		Ę			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<u> </u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			: L		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sec	ction		
	501(c)(6).					
					Yes	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?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				_	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines	ne 3 i	s an	swere	d	
	"Yes."					
1	Dues, assessments and similar amounts from members	· •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					-
	expenses for which the section 527(f) tax was paid).		1			
а	Current year	-	2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		- 1			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1			
	and political expenditure next year?	-	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	rt IV Supplemental Information					
om	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	11.				
lso,	complete this part for any additional information					
			-			
_						
—						—-
	·					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BLUE BENGAL ATHLETHIC ASSOC INC

Employer identification number

BLUE BENGAL ATHLETH	IC ASSOC 1	NC			59-0	6304528
Fundraising Activit	ties. Complete if that required to comp	ne organization	on answere	ed 'Yes" to Form 990,	Part IV, line 17	
 Indicate whether the organization Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a writter or key employees listed in Form 9 If "Yes," list the ten highest paid in to be compensated at least \$5,00 	en or oral agreemel 1990, Part VII) or ent ndividuals or entitle	e	Solicitation Solicitation Special fundividual (indiction with pr	n of non-government n of government gran ndraising events cluding officers, direct ofessional fundraising	grants ts tors, trustees g services?	∕es □ No S
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundi custody or c contribu	control of	(iv) Gross receipts from activ ty	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col (i)	
		1.00	1.10	1		
Total						,
3 List all states in which the organization or licensing				or has been notified	it is exempt from	
		·				

Pá	ert II	Fundraising Events. Cor more than \$15,000 on Form 99	•			onea		
	1		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Add col (a		
R		ļ	(event type)	(event type)	(total number)		(c))	
e v								
e n	1	Gross receipts		 		 		
u	2	Less Charitable contributions						
е	3	Gross revenue (line 1			· · · · · · · · · · · · · · · · · · ·			
	•	minus line 2)						
	i							
	4	Cash prizes			1			
D I								
r	5	Non-cash prizes				-		
e c	6	Rent/facility costs						
t	Ĭ	Themplasmy costs						
Ε	7	Food and beverages						
x p								
е	8	Entertainment				 		
n s								
e s	9	Other direct expenses	<u> </u>	l	<u> </u>			_
_	10	Direct expense summary Add lines	s 4 through 9 in column (c	d))
		Net income summary Combine line						
Pæ	rt III				4			
		than \$15,000 on Form 990-EZ	., line 6a					
R e v			(a) Bingo	(b) Pull tabs/Iristant bingo/progressive bingo	(c) Other gaming	(d) Total game))
ě		ļ.				1		
en ue	1	Gross revenue						
p								
r e	2	Cash prizes				 		
D-rect		No. and amon						
Expe	3	Non-cash prizes						
ĝ.	4	Rent/facility costs						
n s								
e S	5	Other direct expenses						
			Yes %		· —			
	6	Volunteer labor	∐ No	No No	No	<u> </u>	,,	
	7	Direct expense summary Add lines	2 through 5 in column (d	n .	. •	1		١
	7	Direct expense summary Add lines	2 through 5 in column (a	·, · · · · · · · · · · · · · · · · · ·				
	8	Net gaming income summary Com	bine line 1, column (d), ai	nd line 7	<u></u>			
							Yes I	No
9		er the state(s) in which the organizat					: ‡	
a		e organization licensed to operate g	jaming activities in each o	of these states?		9a		
b	If "N	lo," Expiain.						
0a	Wer	e any of the organization's gaming i	icenses revoked, suspen	ded or terminated during	the tax year?	[10a]		
		es," Explain	·	_				
		<u> </u>				[
	_					— <u></u>	ŧ	
1		s the organization operate gaming a				11		
2		e.organization a grantor, beneficiary ed to administer charitable gaming?				12	Ť	