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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning and en	ding			
В	heck if	Please use IRS C Name of organization	·	D Employer ide	ntific	ation number
	Addre	90 print or BLACK EAGLE CIVIC CLUB, INCORPORATED				
<u>_</u>	Name chang	ge Doing Business As		81	<u> – 0 4</u>	101066
	∏Initial return ∏Termi	Number and street (or P.U. box if mail is not delivered to street address) No	om/suite	E Telephone nu		152- <u>6212</u>
F	⊒ated Amen	nded tions City and the state of property and ZID . 4		G Gross receipts \$	<u> </u>	336116.
F	_lreturn ∏Applic			H(a) Is this a gro	un ret	
<u> </u>	⊥tiòn pendi			for affiliates	-	Yes X No
		1514 COLORADO AVE, BLACK EAGLE, MT 5941	14	H(b) Are all affiliate		
1 7	2Y-6Y	tempt status: X 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	-	• •		ist. (see instructions)
		ite: NA		H(c) Group exen		•
		of organization: X Corporation Trust Association Other	I Year o	of formation:		State of legal domicile: MT
	art I	Summary	7 L 10a1 c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cuto of logar commons, 222
	T 4	Briefly describe the organization's mission or most significant activities: COMMUN	VTIV	SERVICES	IN	BLACK
Activities & Governance	`	EAGLE, MT	<u> </u>			
'n	2	Check this box I if the organization discontinued its operations or disposed	d of more	than 25% of its n	et ass	sets.
Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		• •	4	6
ං ජ ගු	5	Total number of employees (Part V, line 2a)	•	•	5	0
iŧie	6	Total number of volunteers (estimate if necessary)	•		6	0
_ ≩ _	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	•		7a	200513.
⊒≹	Ь.	Net unrelated business taxable income from Form 990-T, line 34		•	7b	0.
<u> </u>				Prior Year	13.5	Current Year
٥,	8	Contributions and grants (Part VIII, line 1h)				
2 2	1	Program service revenue (Part VIII, line 2g)		21	0.	
Ž.	i	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			8.	169.
Revenue	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14464		232855.
)_	i	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.	14519		233024.
[5		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			**	
5	ı	Benefits paid to or for members (Part IX, column (A), line 4)				
່ອ	ı	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10162	6.	126675.
Expenses		Professional fundraising reas (Ratuk) column (A), line 11e)				
per		Total fundaising expenses (Fart IX, columb(XP), line 25)		è.		
ŭ	I	Other expenses (Part IX, column (A), Jines (Ba-11d, 11f-24f)	_	5804	2.	98202.
		Total expenses, Add liftes 1347 (must equappart IX, column (A), line 25)	"	15966		224877.
		Revenue less expenses. Subtract line 18 from line 12	.	-1447		8147.
288		LOODEN III	Bec	inning of Current Y		End of Year
agg	20	Total assets (Part V Ine 16		20494		348355.
₩	21	Total liabilities (Part X, line 26)				135267.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		20494	1.	213088.
	rt II	Signature Block				
		Under penalties of perior, I declare that I have examined this return, including accompanying schedules and stand complete people; and of preparer (other than officer) is based on all information of which preparer has any k	tatements, a	nd to the best of my kn	owledge	and belief, it is true, correct,
		and complete pedia and of preparer (other than officer) is based on all illionination of which preparer has any k	KIIOWIGGIGG			
Sign	٦.	I NOT HELPER TO THE TOTAL		6-7-	10	
Her		Signature of officer		Date		
		JAM HELGESON, PRESIDENT				
		Wype or print name and title				
		Preparer's DIA 200 0 Monda RA Date	? Che	ck if F	reparer	's identifying number ructions)
Paid		signature V UM am as C (Per Carth Carth Carth	emt	oloyed 🕨 🔲 "		·
•	arer's	Firm's name (or DOUGLAS WILSON & COMPANY, P.C.		EIN ▶		
ŲSE	Only	self-employed), 1000 FIRST AVENUE SOUTH				
		address, and ZIP+4 GREAT FALLS, MT 59401		Phone no.	4 0	6-761-4645
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Form **990** (2009)

	1 990 (2009) rt III Stateme	BLACK EAGLE Ont of Program Service Acc	CIVIC CLUB, complishments	INCORPOR	ATED	81-040	1066	Page 2
1	•	ne organization's mission DE SERVICES TO THE	E RESIDENTS	OF THE C	OMMUNITY	OF BLACK	EAGL	E_
2	the prior Form 990	on undertake any significant progi 0 or 990-EZ? these new services on Schedule	_	e year which were	e not listed on		Yes	X No
3	Did the organizati	on cease conducting, or make sig these changes on Schedule O.		w it conducts, an	y program servi	ces?	Yes	X No
4	Describe the exer Section 501(c)(3)	mpt purpose achievements for each and 501(c)(4) organizations and seers, the total expenses, and reven	ection 4947(a)(1) trust	s are required to r	report the amour			
4a	(Code SERVICES) (Expenses \$ TO THE RESIDENTS		grants of \$ MUNITY OF	BLACK E) (Revenue \$ AGLE)
4b	(Code) (Expenses \$	including	grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including	grants of \$) (Revenue \$)
			·					
4d	Other program se	ervices (Describe in Schedule O) including gran	ts of \$) (Revenu	Je \$)		
_								

Form 990 (2009) BLACK EAGLE CIVIC CLUB, INCORPORATED
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
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 Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₹.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.
_	Schedule D, Part III	8_		X
9	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," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	100		x
	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, VIII, IX, or X	11	х	
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	 -''-	Λ	
•	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			Ì
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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 16? If "Yes," complete Schedule D, Part VIII			
•	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	İ		
	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.	İ		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
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 X	L		L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		v
	complete Schedule G, Part III	19	 	X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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 employees? If "Yes," complete			
	Schedule J .	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 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	-		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	İ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>		
33	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Ē	000	2000

				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	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 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 retuin	rns?	2b		
	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	ed by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X	
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
b	If "Yes," enter the name of the foreign country. ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank and			
	Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	_	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			37
	any contributions that were not tax deductible?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gitts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	acada and conveca			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	7.		х
	provided to the payor? If "You " did the experimentary patific the depay of the yallo of the goods or services provided?		7a 7b		Α
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as roquirod	76		
C	to file Form 8282?	as required	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		1		
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings			
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1 1	-		
а	Gross income from members or shareholders	11a	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		ļ
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>		(2000)

Part VI 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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 6			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	İ		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	l _		.,
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following		v	
a	5 <i>5 ,</i>	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
500	tion D. 1 Onolog (This Section Direquests information about policies not required by the internal nevenue Gode)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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 form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	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 have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?	ļ		
	· · · · · · · · · · · · · · · · · · ·	15a		X
b	Other officers or key employees of the organization	15b		<u> </u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
าซล	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		v
	taxable entity during the year?	16a		X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MT			
18	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 Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	·	
	BLACK EAGLE COMMUNITY CENTER - 406-453-4736	·		
	PO BOX 202, BLACK EAGLE, MT 59414			

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual Bustee or director	nection processes	c all	Key employee	Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DEBBIE THOMAS			-							
DIRECTOR	1.00	X	-		-	├		0.	0.	0
JULIE JORGENSEN SECRETARY/TREASURER	1.00	x						0.	0.	0
MONTY MARZETTA										
DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u> </u>	ļ	0.	0.	0
JIM HELGESON	1 00								0	0
PRESIDENT KOREY JORGENSEN	1.00	X		-	┢	┢		0.	0.	0
DIRECTOR	1.00	x			1		ŀ	0.	0.	0
FRANK TUSS	2,00				\vdash	 	_			
DIRECTOR	1.00	X						0.	0.	0
					_					
		_								
		_								
		_								<u></u>
		_			-					

	(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation			(F) stimate	
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	ns compen		other pensa om the anizat d relat	ation e sion
											_			
											\exists			
			<u> </u>											
2	Total Total number of individuals (including but necessarian from the organization	ot limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100). C			0.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated e	mployee on		3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edul	ə <i>J 1</i>	for such individual	-	_	4		Х
	the organization? If "Yes," complete Sched	ule J for such	pers	on							<u> </u>	5		X
1	Complete this table for your five highest counties the organization. NONE (A)			enae	nt c	onti		ors t	(B)			- (C		
	Name and business	address			-		_		Description of s	services	C	ompei	nsatio	<u> </u>
	Table				d 4 -	45 =			labara) i ta sa sa sa sa sa sa sa sa sa sa sa sa sa	and the	_			
	Total number of independent contractors (i \$100,000 in compensation from the organic		iot III	nite	u 10		se 113 0		abovej wno received n	iore trian			000 "	

	n 990 ((2009) BLACK	EAGLE C	IVIC CLUI	B, INCORPO	RATED	81-0401	066 Page 9
Pa	rt VII	I Statement of Rever	nue					
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
S, C	С	Fundraising events	1c			:		
ar g	d	Related organizations	1d					
Š.E	е	Government grants (contribut	ions) 1e					
tion s	f	All other contributions, gifts, gran	its, and					
호환		similar amounts not included abo	ve 1f					
gg	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 0	h	Total. Add lines 1a-1f		<u> </u>				
				Business Code				
8	2 a							
و ڲٙ	b							
25	С							
e a	d							
Program Service Revenue	е						<u>.</u>	
ا ت	f	All other program service reve	enue					
_	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	169.	169.		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6 a		23217.					
		Less rental expenses						
		Rental income or (loss)	23217.	<u> </u>				
		Net rental income or (loss)		, >	23217.	23217.	·	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						•
		Gain or (loss)		L				
		Net gain or (loss)		>				
e l	8 a	Gross income from fundraisin	_					
Other Revenue		including \$	of					
ě		contributions reported on line	1c) See					
ĕ		Part IV, line 18	a .					
₹		Less direct expenses	b			ĺ		
		Net income or (loss) from fund	_	, P				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less direct expenses	b					
		Net income or (loss) from gam	-					
	то а	Gross sales of inventory, less		303605.				
	L	and allowances	a b	4 2 2 2 2]		
		Less, cost of goods sold	_	103092.	200512		200512	
+	С	Net income or (loss) from sale		Business Carl	200513.		200513.	
	44 -	MISCELLANEOUS Revenu	18	Business Code 900099	9125.	9125.		
		MISCELLANEOUS		300033	3145.	9145.		
	b		· · · · · · · · · · · · · · · · · · ·					
	C	All other revenue					··· · · · · · ·	
	-	Total. Add lines 11a-11d			9125.			
		Total revenue See instructions			233024		200513.	

932009 02-04-10 Part IX | Statement of Functional Expenses

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

	'All other organizations must compl		not required to comple		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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)	114051	01401	22050	
7	Other salaries and wages	114251.	91401.	22850.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits Payroll taxes	12424.	9939.	2485.	
10	Fees for services (non-employees).	17474.	3333.	4400.	
11 a	Management				
a	Legal				
0	Accounting	1745.	1745.		
٦	Lobbying	1743.	1745.		
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1833.	1833.		
13	Office expenses	1678.	1481.	197.	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy	16455.	13164.	3291.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10189.	9932.	257.	
23	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.)	22037.	18543.	3494.	
a	REPAIRS/MAINTENANCE	16409.	16409.	3474.	
b	VFW GAMING PERCENTAGE INSURANCE	12366.	12010.	356.	
c		3160.	3160.	230.	
d	PROPERTY TAX BANK AND CREDIT CARD FE	1771.	1771.		
e		10559.	9896.	663.	
f 25	All other expenses Total functional expenses Add lines 1 through 24f	224877.	191284.	33593.	0.
<u>25</u>	Joint costs. Check here If following	44011.	131204.	33333.	
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	occount our pargraph and fundament constitution				······································

		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4915.	1	33687
	2	Savings and temporary cash investments		47131.	2	22394
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	•		4	
	5	Receivables from current and former officers, d	rectors, trustees, key			
		employees, and highest compensated employe	-			
		of Schedule L	oo oomploto ran m		5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 49				
		Part II of Schedule L	50(0)(0)(B)		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		25646.	8	25646
Ä	9	Prepaid expenses and deferred charges		23010	9	
	1	Land, buildings, and equipment cost or other	1 1		 	
	iva	basis Complete Part VI of Schedule D	10a 34476	2		
	١ ,	Less accumulated depreciation	10b 20993		10c	134826
	11	Investments - publicly traded securities	20333	12/249	11	134020
	12	Investments - other securities See Part IV, line		12		
	l	Investments - program-related. See Part IV, line		13		
	13	Intangible assets	11		14	
	14	Other assets See Part IV, line 11		0.	1	131802
	15	·	ual luna (24)	204941	16	348355
	16	Total assets. Add lines 1 through 15 (must equ	<u> </u>	204541	17	340333
	17	Accounts payable and accrued expenses	<u> </u>	18		
	18	Grants payable			19	
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities	Dark IV of Cobodula D		1	
ies	21	Escrow or custodial account liability Complete			21	
	22	Payables to current and former officers, directo				
Liabilities		highest compensated employees, and disqualif	led persons. Complete Fart i	'	00	
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate	a thira parties	0.	24	125267
	25	Other liabilities Complete Part X of Schedule D		0.		135267 135267
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h	V		26	133207
			ere 📂 🔝 and complet	•	1	
ces		lines 27 through 29, and lines 33 and 34.		204941	07	213088
ă	27	Unrestricted net assets		204941	1	213000
a	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
Ξ.		Organizations that do not follow SFAS 117, o	heck here and			
ō		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		-	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e			31	
ě	32	Retained earnings, endowment, accumulated in	ncome, or other funds	004044	32	012000
-	33	Total net assets or fund balances		204941		213088
	34	Total liabilities and net assets/fund balances		204941	34	<u>348355</u>

Par	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			•
2a	Werè the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2 b		X
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a		
	consolidated basis, separate basis, or both		! !	
	Separate basis Consolidated basis Both consolidated and separate basis		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	e Audit		
	Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Open to Public Inspection

Name of the organization

Employer identification number

		BLACK E	AGLE CIVIC C	LUB,	INCOR	PORAT	ED		81	-0401	066	
Part I	Reason		ity Status (All organiz					tructions.				
he organ	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox)					
1 🔲												
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲			tal service organization of		n section	170(b)(1)	(A)(iii).					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state											
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II)											
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🔲	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🔲			section 170(b)(1)(A)(vi). ((Complete	Part II)							
9 X	An organizati	on that normally rec	eives. (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, and	d gross red	ceipts f	rom
	activities rela	ted to its exempt fui	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross	ınvestr	nent
	income and u	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization at	ter June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III)									
10 🗀	An organizati	on organized and of	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	1).				
11 🔲	An organizati	on organized and o	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	urposes o	of one o	r
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	l) or sectio	on 509(a)(2	2) See se c	ction 509(a)(3). Ched	k the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	b 🗀	☐ Type II c	: 🔲 тур	e III - Func	tionally int	egrated		d 🗔	Type III - C	Other	
е 🗀	By checking	this box, I certify tha	at the organization is not	controlled	directly or	r ındirectly	by one o	r more dis	qualified p	ersons oth	ner thar	1
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	itions des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the o	organization accepted ar	y gift or co	ontribution	from any	of the follo	owing per	sons?			
	(ı) A persoi	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
h	Provide the fo	ollowing information	about the supported org	ganization	(s)							
(i) Name	of supported	(iı) EIN	(iii) Type of		rganization		notify the	(vi) ls	the	(vii) Am	nount of	
	inization	(,	organization (described on lines 1-9	in col. (i) lis			ion in col.	organizati (i) organiz	ed in the		port	
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ				<u> </u>				
				1								
		L		ļ						·· -		
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nedule A (Form 990 or 990 EZ) 2009				····		Page		
art II Support Schedule for	_		Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)		
(Complete only if you checked	the box on line	5, 7, or 8 of Part I)	_ ********					
ction A. Public Support		,		,	,			
lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
Gifts, grants, contributions, and						I		
membership fees received (Do not						1		
include any "unusual grants.")								
Tax revenues levied for the organ-								
ization's benefit and either paid to						I		
or expended on its behalf						-		
The value of services or facilities						1		
furnished by a governmental unit to						1		
the organization without charge					<u> </u>			
Total. Add lines 1 through 3 The portion of total contributions		-						
by each person (other than a						1		
governmental unit or publicly						I		
supported organization) included								
on line 1 that exceeds 2% of the		-				l		
amount shown on line 11,						I		
column (f)						I		
Public support. Subtract line 5 from line 4								
ction B. Total Support				·	d			
endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
Amounts from line 4					T			
Gross income from interest,]		
dividends, payments received on						I		
securities loans, rents, royalties						1		
and income from similar sources						Į		
Net income from unrelated business						1		
activities, whether or not the						1		
business is regularly carried on						<u> </u>		
Other income Do not include gain								
or loss from the sale of capital				1		1		
assets (Explain in Part IV)		<u> </u>			<u> </u>			
Total support. Add lines 7 through 10						L		
Gross receipts from related activities,	etc (see instruct	ions)			12			
First five years. If the Form 990 is for	the organization	's first, second, thii	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	_		
organization, check this box and stop						▶ [
	c Support Pe	ercentage						
ction C. Computation of Publi								
Public support percentage for 2009 (li	ne 6, column (f) o	•	column (f))		14			
ction C. Computation of Public Public support percentage for 2009 (In Public support percentage from 2008	ne 6, column (f) o	•	column (f))		14 15			

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sch	•dule A (Form 990 or 990-EZ) 2009 BI	ACK EAGLE	E CIVIC CI	UB, INCOF	RPORATED	81-040	1066 Page 3
Pa	edule A (Form 990 or 990 EZ) 2009 BI	rganizations [Described in S	ection 509(a)(2) (Complete only i	f you checked the bo	ox on line 9 of Part I.)
	ction A. Public Support	T			4 2 2 2 2 2	4 1 0000	(n.T.)
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	-			1		
	membership fees received (Do not	110		160	210		400
	include any "unusual grants ")	110.		160.	210.		480.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1256.	1700.	1287.	1195.	1248.	6686.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		1				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
		1366.	1700.	1447.	1405.	1248.	7166.
-	Total. Add lines 1 through 5	1300.	1700.	T 4 4 / •	1405.	1240.	7100.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons				1		0.
	Amounts included on lines 2 and 3 received						
L	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						7166.
se e	ction B. Total Support						
alc	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1366.	1700.	1447.	1405.	1248.	7166.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	163.	206.	223.	338.	169.	1099.
۲	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	163.	206.	223.	338.	169.	1099.
	Net income from unrelated business activities not included in line 10b, whether or not the business is			5=0			
	regularly carried on	23344.	-4336.	12518.	-17358.	9381.	23549.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2556.	3554.	2675.	1971.		10756.
13	Total support (Add lines 9, 10c, 11, and 12)	27429.	1124.	16863.	-13644.	10798.	42570.
14	First five years. If the Form 990 is for t	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3) organız	ation.
	check this box and stop here						
e e	ction C. Computation of Public	Support Per	centage				
15	Public support percentage for 2009 (lin		15	<u>16.83 %</u>			
	Public support percentage from 2008 5		16	<u>27.98 %</u>			
e e	ction D. Computation of Invest	tment Income	Percentage		 .		
17	Investment income percentage for 200	9 (line 10c, colum	n (f) divided by line	13, column (f))		17	<u>2.58 %</u>
	Investment income percentage from 20					18	4.18 %
19a	33 1/3% support tests - 2009. If the c	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and	distop here. The o	organization qualifie	es as a publicly su	pported organiza	tion	▶∟⊥

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

BLACK EAGLE CIVIC CLUB, INCORPORATED

Employer identification number 81-0401066

Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.	
		(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 advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С		• •	2c
d	Number of conservation easements included in (c) acquired	2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	' -	
5	Does the organization have a written policy regarding the pe	• • •	
	violations, and enforcement of the conservation easements	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and	· · · · · · · · · · · · · · · · · · ·	
8	Does each conservation easement reported on line 2(d) about	ive satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conserva	-	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
Dai	rt III Organizations Maintaining Collections of	of Art Historical Treasures or (Other Similar Assets
rai	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	Julei Silliliai Assets.
	Complete it the organization answered Tes to Form	1330,1 41114, 1110 0	
4	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and h	nalance sheet works of art, bistorical
Id	treasures, or other similar assets held for public exhibition, e	·	
	the footnote to its financial statements that describes these		done service, provide, in a art xiv, the text of
			nce sheet works of art, historical treasures
b	or other similar assets held for public exhibition, education,	•	-
		or research in full ferance of public service	e, provide the following amounts relating to
	these items (i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	agelirae or other eimilar accets for financi	al gain, provide
2	the following amounts required to be reported under SFAS		ai gaiii, provido
_	B	i to reading to triese items.	▶ \$
a b			
U	AGOSTO MORUGU III FORM 330, FAILA	•	F

		AGLE CIVIC						<u> 81-04</u>			
Pai	t III Organizations Maintaining C	collections of A	rt, Histo	<u>orical Tre</u>	easures, c	or Othe	<u>er Simila</u>	ar Asse	ts (conti	nued)	<i>i</i>
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following tha	t are a si	gnificant	use of its	collection	item:	s
	(check all that apply).										
а	Public exhibition	c	ı 🗀 La	oan or excl	hange progra	ams					
ь	Scholarly research	•	. 🗆 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizati	on's exe	mpt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, hist	torical treas	sures, or oth	er sımılaı	assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	zation's co	llection?				Yes		<u> No</u>
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if orga	nization ar	swered "Ye	s" to For	m 990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for c	ontribution	s or other as	sets not	ıncluded	 -			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ble							
	•	•	_						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pai			nswered "	Yes" to For	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses	-									
ď	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance					Ì					
2	Provide the estimated percentage of the year	r end balance held	as:						•		
	Board designated or quasi-endowment		%								
	Permanent endowment ▶	 %									
		%									
	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for t	he organiz	ation			
	by	ŭ					•		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required (on Schedu	ıle R?					3b		
4	Describe in Part XIV the intended uses of the									•	
	t VI Investments - Land, Building				, Part X, line	10.					
	Description of investment	(a) Cost or o			or other		ccumulate	ed	(d) Book	valu	<u></u>
		basis (invest			(other)		preciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
_	Other			3	44765.		2099	36.	_ 1:	348	29.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pari	X, columi								29.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 BLACK EAGLI	E CIVIC CLUI	3, INCORPORAT	ED 81-0	401066	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, III	ne 12.			
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation at or end-of-year market		
Financial derivatives					
Closely-held equity interests					
Other					
			······································		
					
			· · · · · · · · · · · · · · · · · · ·		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13			
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuation at or end-of-year market		
			- Tor crid or your market		
					•
				 	
			<u> </u>		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	e 15				
) Description			(b) Book va	alue
DUE FROM VFW				13:	<u> 1802.</u>
		····			
					
			- "		
Manager 1					
		· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) lin				13:	<u> 1802.</u>
Part X Other Liabilities. See Form 990, Part X	, line 25	(h) Amount			.
1 (a) Description of liability		(b) Amount			
VFW PAYABLE		133990.			
PAYROLL TAXES PAYABLE		1277.			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25.)	135267.			
	/				

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

	dule D (Form 990) 2009 BLACK EAGLE CIVIC CLUB, INC	ORPORATEI)		1066 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar		tements	022004
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		233024.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		224877.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		8147.
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 through 8		9		8147.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII. Reconciliation of Revenue per Audited Financial Statemer		<u> 10 </u> nue per	Return	0147.
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		7	
C	Recoveries of prior year grants	2c		_	
ď	Other (Describe in Part XIV)	2d		\neg	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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	4a			
b	Other (Describe in Part XIV)	4b		\neg	
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	•
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses p	er Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	_2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		⊣ 1	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
$\overline{}$	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl				
					-
		<u>-</u>			<u> </u>
		-			
		····			
		······	· 		

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization 81-0401066 BLACK EAGLE CIVIC CLUB, INCORPORATED FORM 990, PART VI, SECTION B, LINE 11: REVIEWED AT BOARD MEETING FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

Asset					Description of	property		
umber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	PROGRAM	SERVI	CES					
		L						
1	BUILDING							
	01 01 8		25.00	17	27500.		13200.	
2	REMODEL:		1	12 1			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	01 01 8		25.00	17	234200.	·	121442.	936
3	FURNINT		7 00	17	252		252	
	01/01/9		7.00	<u> </u> 1 /	252.		252.	
4	EQUIPMED 01,01,9		7.00	17	14330.		14330.	
	ICE MAC		17.00	11 /	14330.		14330.	
J	01159		5.00	17	1460.		1460.	
	BUMPERS	<u> </u>	J.00	<u> </u>	1400.			
J	05069	SST.	5.00	17	250.		250.	
7	CLEANING			<u> </u>	2301			
•	06219			17	1621.		1458.	
8	WEED TR							
	06249	7SL	3.00	17	153.		153.	
9	CHAIRS/							
	09299	7SL	7.00	17	1005.		1005.	
10	CHAIRS							
	07 01 9	8SL	7.00	17	522.		522.	
11	CHAIRS		•	, ·, ·				
	08 31 9		* · · · · · · · · · · · · · · · · · · ·	17	350.		350.	
12	AUTOMAT			I I				-
	0 4 3 0 9		7.00	17	40000.		40000.	
13	FURNANC		40.00	ia a T	2200		2250	
1.4	02129		10.00	11.7	3380.		3352.	2
14	BOWLING 0 3 2 4 9			17	511.		511.	
1 5	WATER T		17.00	1 /	211.		211.1	
13	06020		5.00	17	462.		462.	
16	BOWLING			<u> </u>	402.		402.1	
	12310		5.00	17	700.		700.	
	VACUUM	<u> </u>	<u>D.00</u>	<u> + / </u>	700.1		700.	
	12310	151.	5.00	17	300.	***	300.	
18	COOKER		10100					· ··
	06300	9SL	7.00	19C	6000.			53
	* 990 P				GRAM SERVICE	S	•	
					332996.	0	199747.	993
	MANAGEM	ENT AN	D GEN	IERAL				
19	COMPUTE							
	04150		5.00	19B	850.			10
20	EQUIPME		,					
	11300		7.00	19C	304.			
21	FURNANC		15 2 3					
	10080	9SL	10.00	19D	10493.			13
22	PRINTER	ola-	IE 22	la 6 = 1				
	04240		5.00		122.	051555	<u> </u>	1
	- 990 P	AGE 10	TOTA	T WAI	NAGEMENT AND			
	+ (1) 3 377	moma r	000	DACE	11769.	0	. 0.	25
	* GRAND	TOTAL	1 230	PAGE	10 DEPR 344765.	0	199747.	1010
			<u> </u>		344/65.) Current year section 179	(D) - Asset dispo		1018

BLACK EAGLE CIVIC CLUB, INCORPORATED 81-0401066 **Estimated Tax on Unrelated Business Taxable** Form 990-W OMB No. 1545-0976 **Income for Tax-Exempt Organizations** (WORKSHEET) (and on Investment Income for Private Foundations) FORM 990-T Department of the Treasury Internal Revenue Service (Keep for your records. Do not send to the Internal Revenue Service.) Unrelated business taxable income expected in the tax year Tax on the amount on line 1 See instructions for tax computation Alternative minimum tax (see instructions) Total. Add lines 2 and 3 Estimated tax credits (see instructions) Subtract line 5 from line 4 Other taxes (see instructions) Total. Add lines 6 and 7 Credit for federal tax paid on fuels (see instructions) 10a Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make 10a estimated tax payments. Private foundations, see instructions b Enter the tax shown on the 2009 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c 10b c 2010 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c 10c (a) (b) (c) (d) Installment due dates (see instructions) 11 Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method,

12

13

14 Payment due. (Subtract line 13 from line 12.)

LHA For Paperwork Reduction Act Notice, see instructions.

the adjusted seasonal installment method, or is a

"large organization" (see instructions)

2009 Overpayment (see instructions)

Form **990-W** (2010)

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If y	rou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	form).							
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete								
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extension of time							
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file irs.gov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,							
Type print		Employer identification number							
File by	BLACK EAGLE CIVIC CLUB, INCORPORATED	81-0401066							
due da filing yo return	te for Number, street, and room or suite no. If a P.O. box, see instructions.								
instruc									
Check type of return to be filed (file a separate application for each return): X Form 990									
	BLACK EAGLE COMMUNITY CENTER e books are in the care of PO BOX 202 - BLACK EAGLE, MT 59414								
• If t	lephone No. ► 406-453-4736 The organization does not have an office or place of business in the United States, check this box	s is for the whole group, check this							
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▼ X calendar year 2009 or								
	► tax year beginning, and ending	·							
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period							
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$							
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated								
	tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b \$							
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ N/A							

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)