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**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

**Open to Public
Inspection**

990-EZ

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning

January 1, 2009, and ending December 31, 2009

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

North Lincoln Eagle F 93-0920902

D Employer identification number

93-092622

E Telephone number

541-996-3679

F Group Exemption

Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method. Cash Accrual
Other (specify) ►

I Website: ►

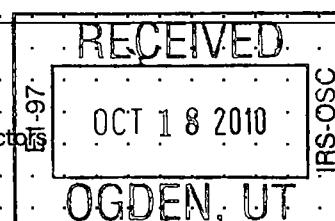
J Tax-exempt status (check only one) — 501(c) () (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

1 Contributions, gifts, grants, and similar amounts received	1	3682.16
2 Program service revenue including government fees and contracts	2	0
3 Membership dues and assessments	3	6734.60
4 Investment income	4	0
5a Gross amount from sale of assets other than inventory	5a	14.688
b Gross cost or other basis and sales expenses	5b	10416.70
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4271.24
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ <u>0.24</u>) of contributions reported on line 1)	6a	9802.00
b Less: direct expenses other than fundraising expenses	6b	1939.49
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7862.51
7a Gross sales of inventory, less returns and allowances	7a	7117.41
b Less: cost of goods sold	7b	33249.49
Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe) ►		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10 Grants and similar amounts paid (attach schedule)	10	60418.43
11 Benefits paid to or for members	11	4,000.00
12 Salaries, other compensation, and employee benefits	12	3936.79
13 Professional fees and other payments to independent contractors	13	19378.16
14 Occupancy, rent, utilities, and maintenance	14	0
15 Printing, publications, postage, and shipping	15	12974.39
16 Other expenses (describe) ► <i>Insurance</i>	16	4051.75
17 Total expenses. Add lines 10 through 16	17	8910.67
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	53251.11
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	7166.97
20 Other changes in net assets or fund balances (attach explanation)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7166.00



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9327.00	20279
23 Land and buildings	500,000	500,000
24 Other assets (describe) ► <i>Inventory - Account Receivable</i>	5000	5000
25 Total assets	614327	525279
26 Total liabilities (describe) ► <i>Total Expenses</i>	885,717	598,117
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8110	7166.31

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? ~~Functional Organization providing Revenue for Project~~
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Raised funds to provide three \$1000 & scholarships to local high school seniors	
	(Grants \$ 3000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	Supported free medical center for leprosy patients, i.e. diabetes, lupus, etc	
	(Grants \$ 1000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	Raised fund to build a housing extension for a needy family	
	(Grants \$ 2000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	► 32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
George M. S. h 2190 NE Quay Lincoln, Nebr., 68501 97367	President 20+	0	0	0
GREGORY D. JONES 775 SW 28th Lincoln City, Nebr. 97367	Secretary 30+	\$170 per month	0	0
FRED MORGAN 1819 NE 52nd AVE - Lincoln Poly. Dr.	Vice President 3 hours	0	0	0
DAVID TRANSITION 165 Spruce St., Depoe Bay, Or.	TRUSTEE 10 hours	0	0	0
VERLINE FREDERICK P.O. Box 413, Otoe, Nebr. 97368	Trustee 10+	0	0	0
TICHN W. C. SKELL P.O. Box 465, Lincoln City, Nebr. 97387	Trustee 10 hours	0	0	0
John Farrel 1834 NE 3rd Lincoln City, Nebr. 97367	TRUSTEE 10 hours	0	0	0
BROCK O. RIK 2334 NW Kelly Lincoln City, Nebr. 97387	Chairman 3 hours	0	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a**

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e

41 List the states with which a copy of this return is filed. ► *One* 41

42a The organization's books are in care of ► *Greg Jones* Telephone no. ► *541-994-4734*
Located at ► *737 S.W. 32nd Lincoln, NE 68507* ZIP + 4 ►

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** 43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33		✓
34	✓	
35a		✓
35b		
36		✓
37a		
37b		✓
38a		✓
38b		
39a		
39b		
40b		✓
40c		
40d		
40e		✓

	Yes	No
42b		✓
42c		✓

	Yes	No
44		✓
45		✓

Part VI

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

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► None

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

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

d Total number of other independent contractors each receiving over \$100,000 ► None

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date	
	<i>Margy A. Jones</i>	<i>8/13/10</i>	
	Signature of officer	Date	
	<i>Greer Margy A. Jones</i>	<i>8/13/10</i>	
	Type or print name and title		
	<i>Greer Margy A. Jones - Secretary</i>		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
			<input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ►	
			<input type="checkbox"/>	
			Phone no ►	
			<input type="checkbox"/>	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Page: 1 : Document Name: untitled

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ASED> FRZ>
CSED> INTL>
RSED>

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-- POSTED TRANSACTIONS SECTION

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					TENT-LIAB-TAX
460	08092010	0.00	20103008		29404-135-73806-0
					EXT-DT>0815201

----- PENDING RETURN SECTION -----
U3291 150 08162010 0.00 20104500 29492-247-17829-0

----- PENDING TRANSACTIONS SECTION -----
AP 0 599 11192010 0.00 00000100 29949-323-00000-0 CLS-CD>96
Employee #0424646038 Page 001 of 002 PAGE 002