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Short 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)

► 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

OMB No 1545-1150

2009

Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning**

January 01

, 2009, and ending

December 31 , 20 09

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

fci bastrop employees club

Number and street (or P O box, if mail is not delivered to street address)

p.o. box 730

Room/suite

City or town, state or country, and ZIP + 4
bastrop, texas 78602**D Employer identification number**

74-2711299

E Telephone number

512-321-3903

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

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ► \$ 88970

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	1 172
2 Program service revenue including government fees and contracts	2 86163
3 Membership dues and assessments	3 2635
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6
a Gross revenue (not including \$ RECEIVED of contributions reported on line 1)	6a
b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ►)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 88970
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 600
13 Professional fees and other payments to independent contractors	13 2535
14 Occupancy, rent, utilities, and maintenance	14 316
15 Printing, publications, postage, and shipping	15 0
16 Other expenses (describe ►)	16 85269
17 Total expenses. Add lines 10 through 16 ►	17 88720
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 249
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 13111
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 13359

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	15262	22 12710
23 Land and buildings	23	23
24 Other assets (describe ►)	6250	24 6250
25 Total assets	21512	25 18961
26 Total liabilities (describe ►)	8401	26 5601
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13111	27 13359

21 P

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

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? _____
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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28. Texas Commission for the Blind receives a percentage of the income from the vending machine sales.

(Grants \$) If this amount includes foreign grants, check here

28a | 22405

29 Inmate Trust Fund ~ A percentage of the vending income is credited to the Inmate Trust Fund. Effective the 3rd Quarter of 2009 (October-November-December) this payment is no longer mandated.

22 2100

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

313

32 Total program service expenses (add lines 28a through 31a) If this amount includes foreign grants, check here

31a

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
Lynda Horton, P.O. Box 730, Bastrop, TX 78602	President ~ 4 hours	0	0	0
Celia Fails, P.O. Box 730, Bastrop, TX 78602	Vice-President ~ 4 hours	0	0	0
Stella Figueroa, P.O. Box 730, Bastrop, TX 78602	Treasurer ~ 6 hours	600	0	0
Sheila Gonzalez, P.O. Box 730, Bastrop, TX 78602	Secretary ~ 2 hours	0	0	0

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

		Yes	No
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?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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 0.00	37b	
b	Did the organization file Form 1120-POL for this year?	39a	0.00
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?	39b	0.00
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.00 ; section 4912 ► 0.00 ; section 4955 ► 0.00		
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		
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 ► 0.00		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.00		
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. ► N/A		
42a	The organization's books are in care of ► Stella Figueroa Located at ► FCI Bastrop, P.O. Box 730, Bastrop, Texas	Telephone no. ► 512-321-3903	
		ZIP + 4 ► 78602	
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)?	42b	✓
	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.	42c	✓
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		
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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	45	✓

Part VI

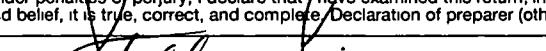
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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	Yes	No
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."		

f Total number of other employees paid over \$100,000 . . . ► _____

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."

d Total number of other independent contractors each receiving over \$100,000 . . ►

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		105/13/10 Date	
	 Stella Figueroa, FCI Bastrop Employees Club Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	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				

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