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Form **990-EZ**

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)

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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 _____, and ending _____														
B Check if applicable: Address change Name change Initial return Termination Amended return Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization ALGODON CLUB, INC.</td> <td>D Employer identification number 74-2820116</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) P. O. BOX 1445</td> <td>E Telephone number 956-535-0942</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 HARLINGEN TX 78550</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td colspan="3"></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALGODON CLUB, INC.		D Employer identification number 74-2820116	Number and street (or P.O. box, if mail is not delivered to street address) P. O. BOX 1445		E Telephone number 956-535-0942	City or town, state or country, and ZIP + 4 HARLINGEN TX 78550		F Group Exemption Number ▶			
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• 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: ▶ **N/A**

J Tax-exempt status (check only one) — ☒ 501(c) (**6**) ◀ (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 ▶ \$ **80,826**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	399
	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 ▶		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	80,427
	b	Less direct expenses other than fundraising expenses	6b	44,312
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	36,115	
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	36,514	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	15,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	300
	14	Occupancy, rent, utilities, and maintenance	14	1,480
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	8,721
	17	Total expenses. Add lines 10 through 16 ▶	17	26,001
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,513
	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	65,792
	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	76,305

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

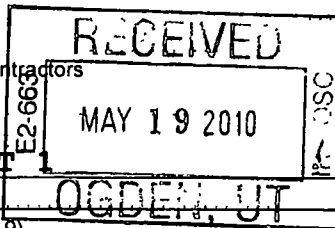
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	65,792	75,255
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)		1,050
25 Total assets	65,792	76,305
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,792	76,305

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED JUL 16 2010



1410

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

What is the organization's primary exempt purpose?

SEE STATEMENT 3

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, or 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 AWARDED SCHOLARSHIP

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

28a

29

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

29a

30

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

30a

31 Other program services (attach schedule)

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

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)

[illegible]

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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. SEE STATEMENT 5		
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?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
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 40a , section 4912 40b , section 4955 40c		
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 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		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of DAVID & TONNYRE JOE Telephone no 956-535-0942 P.O. BOX 295 Located at RAYMONDVILLE, TX ZIP + 4 78580		
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		X
If "Yes," enter the name of the foreign country 42c		X
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 ? 42c		X
If "Yes," enter the name of the foreign country 42d		
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		X
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		X

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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 Tonnayre Thomas Joe, V. Pres. Type or print name and title Date 5/12/10			
Paid Preparer's Use Only	Preparer's signature 	Date 4/28/10	Check if self-employed ☐	Preparer's Identifying Number (See instr.) 456-15-5464
	Firm's name (or yours if self-employed), address, and ZIP + 4 LONG CHILTON, LLP 402 E TYLER AVE HARLINGEN, TX 78550-9122			EIN ▶ 74-1154721
				Phone no ▶ 956-423-3765
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No				

426650 ALGODON CLUB, INC.

74-2820116

FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
	682
POSTAGE	329
PRINTING	3,377
MEETINGS	3,688
	644
BANK FEES	1
TOTAL	\$ 8,721

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS RECEIVABLE	\$	\$ 1,050
		1,050

426650 ALGODON CLUB, INC.

74-2820116

FYE: 12/31/2009

Federal Statements

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE ORGANIZATION IS A BUSINESS LEAGUE ORGANIZED TO PROMOTE THE COTTON INDUSTRY. ACCOMPLISHMENT INCLUDE: GENERATING PUBLIC AWARENESS, EDUCATING THE COMMUNITY ABOUT THE COTTON INDUSTRY AND AWARDED SCHOLARSHIPS TO AREA STUDENTS, FURTHERING THEIR EDUCATION IN AGRICULTURE.

426650 ALGODON CLUB, INC.
74-2820116
FYE: 12/31/2009

Federal Statements

Statement 4 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MITCH & LINDA THOMAS PO BOX 595 RAYMONDVILLE, TX 78580	PRESIDENT		0	0	0
BRADY & KAREN TAUBERT 17472 ARROYO BANK DR. HARLINGEN, TX 78552	VICE-PRESIDE		0	0	0
DAVID & TONNYRE JOE PO BOX 295 RAYMONDVILLE, TX 78580	TREASURER		0	0	0
LANCE & MELISSA NEUHAUS 11240 NORTH MILE 1 W. MERCEDES, TX 78570	PAST PRESIDE		0	0	0
MR. & MRS STEVE KRENEK 5938 PRIMROSE COMPANY ROAD LYFORD, TX 78569	DON & DONA		0	0	0
STERLING & MELISSA BOYKIN 506 EAST MATZ HARLINGEN, TX 78550	DIRECTOR		0	0	0
TROY & RENEE BRADFORD RT. 2 BOX R-50 MERCEDES, TX 78570	DIRECTOR		0	0	0
BARRY & LISA FOHN 2802 VIRGINIA PINE CT. HARLINGEN, TX 78550	DIRECTOR		0	0	0
JAIME & LISA GUERRERO 5502 BOUGANVILLEA HARLINGEN, TX 78552	DIRECTOR		0	0	0

426650 ALGODON CLUB, INC.

74-2820116

FYE: 12/31/2009

Federal Statements

Statement 4 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JEFF & KRISTIN JANIK 16202 MAYFIELD HARLINGEN, TX 78552	DIRECTOR		0	0	0
JOSH & WENDY KLOSTERMANN 18757 COUNTY ROAD 2600 RAYMONDVILLE, TX 78580	DIRECTOR		0	0	0
WALKER & KARA SMITH 1810 N. PARKWOOD HARLINGEN, TX 78550	DIRECTOR		0	0	0
VIC & ALAYNE VILLAREAL 16156 WESTON WAY DRIVE HARLINGEN, TX 78552	DIRECTOR		0	0	0
CARY & NIKKI CHARVAT 422 RETAMA COURT HARLINGEN, TX 78550	DIRECTOR		0	0	0
JOHN & PAIGE FLINN 1030 FERGUSON HARLINGEN, TX 78550	DIRECTOR		0	0	0
TREY & COURTNEY NASH 1456 PALM VALLEY DRIVE EAST HARLINGEN, TX 78552	DIRECTOR		0	0	0
RYAN & BROOKE NEWMAN 16723 LANTANA DRIVE HARLINGEN, TX 78552	DIRECTOR		0	0	0
NOE & KIRSTIN GARCIA 114 EAST BECK HARLINGEN, TX 78550	DIRECTOR		0	0	0

426650 ALGODON CLUB, INC.

74-2820116

FYE: 12/31/2009

Federal Statements

Statement 4 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ANDY & JENNIFER BURNS 1529 AUTUMN COURT HARLINGEN, TX 78550	DIRECTOR		0	0	0
CHUCK & LORRAINE BURNS	DIRECTOR		0	0	0
SAM & SHANNON SPARKS 1210 ARRINGTON DR. HARLINGEN, TX 78552	DIRECTOR		0	0	0
RICKY & NATALIE LEAL 117 EL CIELO CIRCLE HARLINGEN, TX 78552	DIRECTOR		0	0	0
BILLIE D & STEPHANIE SIMPSON P.O. BOX 261 LOZANO, TX 78568	DIRECTOR		0	0	0
LEVI & BROOKE BURNS 16399 RIO RANCHO ROAD HARLINGEN, TX 78552	DIRECTOR		0	0	0
TATE & HEATHER HELMER 2306 N. 13TH ST HARLINGEN, TX 78550	DIRECTOR		0	0	0
BLAKE & MICHELLE HUBBARD 3210 PEBBLE BEACH HARLINGEN, TX 78550	DIRECTOR		0	0	0

426650 ALGODON CLUB, INC.

74-2820116

FYE: 12/31/2009

Federal Statements

**Statement 5 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported
on Form 990-T**

Description

ALGODON BALL INCOME IS A PROGRAM SERVICE REVENUE DIRECTED TO PROVIDE
SCHOLARSHIPS TO ELIGIBLE COLLEGE APPLICANTS.