BASTROP COUNTY WOMEN'S SHELTER
DBA FAMILY CRISIS CENTER
P.O. BOX 736
BASTROP, TX 78602-0736

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10/01/07 , and ending 9/30/08

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
BASTROP COUNTY WOMEN'S SHELTER
DBA FAMILY CRISIS CENTER

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
P.O. BOX 736

City or town, state or country, and ZIP + 4
BASTROP TX 78602-0736

D Employer identification number
74-2304542

E Telephone number
512-321-7760

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ family-crisis-center.org

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,265,311

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	478,536		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 478,536 noncash $)			1e	478,536
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,184,455
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	16,166
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a	39,369		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	39,369
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A): ; (B):	8b			
	c	Gain or (loss) (attach schedule) — (A): ; (B):	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	144,575		
	b	Less: direct expenses other than fundraising expenses	9b	44,558		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	100,017
	10a	Gross sales of inventory, less returns and allowances	10a	388,847		
	b	Less: cost of goods sold	10b	192,598		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Stmt 1			10c	196,249
	11	Other revenue (from Part VII, line 103)			11	13,363
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,028,155
Expenses	13	Program services (from line 44, column (B))			13	1,708,638
	14	Management and general (from line 44, column (C))			14	188,027
	15	Fundraising (from line 44, column (D))			15	272,502
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	2,169,167
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-141,012
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,966,427
	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, 19, and 20			21	1,825,415

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule) Stmt 2	23	147,336	147,336		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See Statement 3	25a	53,210	47,889	5,321	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,254,191	993,302	142,724	118,165
27 Pension plan contributions not included on lines 25a, b, and c	27	35,649	28,450	4,168	3,031
28 Employee benefits not included on lines 25a – 27	28	54,797	45,140	3,488	6,169
29 Payroll taxes	29	102,245	80,951	11,417	9,877
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	46,926	39,701	1,750	5,475
34 Telephone	34	26,271	23,168	2,430	673
35 Postage and shipping	35	3,352	1,106	956	1,290
36 Occupancy	36				
37 Equipment rental and maintenance	37	44,745	38,174	3,281	3,290
38 Printing and publications	38				
39 Travel	39	57,667	53,483	2,930	1,254
40 Conferences, conventions, and meetings	40				
41 Interest	41	57,866			57,866
42 Depreciation, depletion, etc. (attach schedule)	42	85,367	59,356		26,011
43 Other expenses not covered above (itemize): a See Statement 4	43a	199,545	150,582	9,562	39,401
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,169,167	1,708,638	188,027	272,502

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $; (ii) the amount allocated to Program services $;

(iii) the amount allocated to Management and general $; and (iv) the amount allocated to Fundraising $

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PROVIDE CRISIS INTERVENTION, SHELTER, COUNSELING, CRIME VICTIM ADVOCACY, PUBLIC EDUCATION AND AWARENESS, AND SERVICES TO VICTIMS OF FAMILY VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE IN A 4-COUNTY SERVICE AREA. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,708,638
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,708,638

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing			188,614	45	173,206
46 Savings and temporary cash investments			329,138	46	319,030
47a Accounts receivable	47a				
b Less: allowance for doubtful accounts	47b			47c	
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b		17,250	48c	
49 Grants receivable			183,275	49	116,139
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			20,000	52	20,000
53 Prepaid expenses and deferred charges			27	53	3,259
54a Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
55a Investments—land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a	3,872,595			
b Less: accumulated depreciation (attach schedule) See Statement 6	57b	1,038,857	2,919,105	57c	2,833,738
58 Other assets, including program-related investments (describe ▶ See Statement 7)			4,950	58	3,550
59 **Total assets** (must equal line 74). Add lines 45 through 58			3,662,359	59	3,468,922
Liabilities					
60 Accounts payable and accrued expenses			51,213	60	42,986
61 Grants payable			4,359	61	5,870
62 Deferred revenue See Statement 8			1,300	62	700
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule) See Worksheet			1,619,386	64b	1,577,546
65 Other liabilities (describe ▶ See Statement 9)			19,674	65	16,405
66 **Total liabilities.** Add lines 60 through 65			1,695,932	66	1,643,507
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			1,958,123	67	1,795,355
68 Temporarily restricted			8,304	68	30,060
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			1,966,427	73	1,825,415
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,662,359	74	3,468,922

DAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	2,186,213
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	67,179		
3	Recoveries of prior year grants	b3			
4	Other (specify): See Statement 10	b4	90,879		
	Add lines b1 through b4			b	158,058
c	Subtract line b from line a			c	2,028,155
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	2,028,155

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	2,327,225
b	Amounts included on line a but not Part I, line 17:				
1	Donated services and use of facilities	b1	67,179		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): See Statement 11	b4	90,879		
	Add lines b1 through b4			b	158,058
c	Subtract line b from line a			c	2,169,167
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	2,169,167

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
See Statement 12				

DAA

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 14			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file Form 1120-POL for this year?	81b		X

DAA

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) See Stmt 13	82b 167,803			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	X	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A		85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ None

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 62

91a The books are in care of ▶ BCWS Telephone no. ▶ 512-321-7760
PO BOX 736
Located at ▶ BASTROP, TX ZIP + 4 ▶ 78602

			Yes	No
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)?	91b		X
	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.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program Service Revenue					1,184,455
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,166	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	39,369	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					100,017
102 Gross profit or (loss) from sales of inventory					196,249
103 Other revenue: a					
b MISCELLANEOUS OTHER REVENUE			1	13,363	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		68,898	1,480,721

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 1,549,619

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

DAA

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please 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

▶ Sherry Murphy, Executive Director 8/14/09

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶		Date 8/05/09	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Instr. X) P00146216
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	John F. Lewis P.C.		EIN	▶ 74-2594500
	3613 Williams Drive, Ste 501			
	Georgetown, TX 78628-1371		Phone no.	▶ 512-863-5720

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: BASTROP COUNTY WOMEN'S SHELTER DBA FAMILY CRISIS CENTER

Employer identification number: 74-2304542

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part V-A, Form 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶ ______

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ ______

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

DAA

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,446,128	1,005,006	1,220,473	1,439,198	5,110,805
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	501,653	400,820	330,089	346,279	1,578,841
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	17,874	7,898	5,862	2,200	33,834
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	5,760	5,760	5,760	5,760	23,040
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Stmt 15	39,369	25,539	27,122	24,420	116,450
23 Total of lines 15 through 22	2,010,784	1,445,023	1,589,306	1,817,857	6,862,970
24 Line 23 minus line 17	1,509,131	1,044,203	1,259,217	1,471,578	5,284,129
25 Enter 1% of line 23	20,108	14,450	15,893	18,179	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 105,683

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 5,284,129

d Add: Amounts from column (e) for lines: 18 33,834 19 ______ 22 116,450 26b ______ ▶ 26d 150,284

e Public support (line 26c minus line 26d total) ▶ 26e 5,133,845

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 97.1559 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

DAA

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization
BASTROP COUNTY WOMEN'S SHELTER
DBA FAMILY CRISIS CENTER

Employer identification number
74-2304542

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule. (Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . . ▶ $ ________

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: BASTROP COUNTY WOMEN'S SHELTER

Employer identification number: 74-2304542

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ST. DAVID'S COMM. HEALTH FOUND. 811 BARTON SPRINGS RD. SUITE 600 AUSTIN TX 78704	$ 37,500	Person ☐ Payroll ☒ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Special Events Schedule

Form 990 — 2007

For calendar year 2007, or tax year beginning 10/01/07 , and ending 9/30/08

Name: BASTROP COUNTY WOMEN'S SHELTER
DBA FAMILY CRISIS CENTER

Employer Identification Number: 74-2304542

	(A)	(B)	(C)	Others	Total
Gross receipts	144,575	0	0	0	144,575
Less contributions	0	0	0	0	0
Gross revenue	144,575	0	0	0	144,575
Less direct expenses	44,558	0	0	0	44,558
Net income (loss)	100,017	0	0	0	100,017

Description: (A) VARIOUS EVENTS DURING YEAR

(B)

(C)

Others

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 10/01/07 , and ending 9/30/08

Name: BASTROP COUNTY WOMEN'S SHELTER DBA FAMILY CRISIS CENTER

Employer Identification Number: 74-2304542

Form 990, Part IV, Line 64b - Additional Information

	Name of lender	Relationship to disqualified person
(1)	TEXAS DEPARTMENT OF HOUSING AND COMM	N/A
(2)	TEXAS DEPARTMENT OF HOUSING AND COMM	N/A
(3)	FIRST STATE BANK, GRANGER	N/A
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	335,000	9/01/01	9/01/31	$931 DUE MONTHLY UNTIL PD.	
(2)	665,000	9/01/01	9/01/41	98% OF MONTHLY NET INCOME	
(3)	92,250	7/16/06	6/16/11	$7,378 FOR 59 MONTHS	6.500
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	LAND	PURCHASE OF SHELTER FOR HOME PROGRAM
(2)	LAND	CONSTRUCTION OF 21 HOME APARTMENTS
(3)	LAND	CONSTRUCTION OF THRIFT STORE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		267,069	255,902
(2)		665,000	665,000
(3)		687,317	656,644
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		1,619,386	1,577,546

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
THRIFT STORE ACTIVITY	$ 388,847	$ 192,598	$ 196,249
Total	$ 388,847	$ 192,598	$ 196,249

Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
DIRECT EXPENSES FOR SPECIFIC ASSIT.	$ 147,336
Total	$ 147,336

Federal Statements

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	$	$	$
Compensation	47,889	5,321	
Total	$ 47,889	$ 5,321	$ 0

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	$	$	$	$
ADVERTISING	5,372	3,321		2,051
CONTRACT SERVICES	47,884	42,589	4,384	911
FURNISHINGS & EQUIPMENT	14,180	13,046	1,134	
HOSPITALITY	1,423	588		835
INSURANCE	28,404	20,607	1,022	6,775
MISCELLANEOUS	16,268	6,935	185	9,148
SUBSCRIPTIONS & MEMBERSHIPS	8,556	8,466	90	
TRAINING	21,092	20,005	938	149
VAN EXPENSES	3,233	2,310		923
UTILITIES	53,133	32,715	1,809	18,609
Total	$ 199,545	$ 150,582	$ 9,562	$ 39,401

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

Description
PROVIDE CRISIS INTERVENTION, SHELTER, COUNSELING, CRIME VICTIM ADVOCACY, PUBLIC EDUCATION AND AWARENESS, AND SUPPORT SERVICES TO VICTIMS OF FAMILY VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE IN A 4-COUNTY SERVICE AREA.

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS AND EQUIPMENT	$ 3,718,729	$ 953,490	$ 3,718,729	$ 1,038,857
LAND	153,866		153,866	
Total	$ 3,872,595	$ 953,490	$ 3,872,595	$ 1,038,857

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	$ 4,950	$ 3,550
Total	$ 4,950	$ 3,550

Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
OTHER ADVANCES	$ 1,300	$ 700
Total	$ 1,300	$ 700

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
COMPENSATED ABSENCES	$ 16,133	$ 15,045
RENT DEPOSITS	3,541	1,360
Total	$ 19,674	$ 16,405

Statement 10 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
ALLOCATION OF DIRECT EXPENSES TO SPECIAL EVENTS FOR RETURN	$ 44,558
IN-KIND INTEREST EXPENSE ON 0% INTEREST LOANS	46,321
Total	$ 90,879

Statement 11 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
ALLOCATION OF DIRECT EXPENSES TO SPECIAL EVENTS FOR RETURN	$ 44,558
IN-KIND INTEREST EXPENSE ON 0% INTEREST LOANS	46,321
Total	$ 90,879

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
TIM CRAIG PO BOX 736 BASTROP TX 78602	CHAIRMAN	5	0	0	0
JOE TERNUS PO BOX 736 BASRTOP TX 78602	V. CHAIR	5	0	0	0
LINDA BEBER PO BOX 736 BASTROP TX 78602	TREASURER	5	0	0	0
LINDA NIETSCHE PO BOX 736 BASTROP TX 78602	SECRETARY	5	0	0	0
JACK HARZKE PO BOX 736 BASRTOP TX 78602	PARLIAMENT.	5	0	0	0
MARGIE MATUS PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
TERRY ORR PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
VERA PRESTON-JAEGER PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
PEGGY COLBERT PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
BONNI BATY PO BOX 736	DIRECTOR	5	0	0	0

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BASTROP TX 78602					
JUDITH WINTERS PO BOX 736 BASRTOP TX 78602	DIRECTOR	5	0	0	0
MATTHEW ZIMMERMANN PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
ROBERT BARKER PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
MARGIE COLLIER PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
TRISHA MILEY PO BOX 736 BASTROP TX 78602	DIRECTOR	5	0	0	0
SHERRY MURPHY PO BOX 736 BASTROP TX 78602	EXEC. DIR.	40	53,210	1,596	0

Statement 13 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
USE OF FACILITIES AND DONATED VALUE OF SERVICES	$ 167,803
Total	$ 167,803

Statement 14 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93a	CLASSES OFFERED BY CENTER TO PROVIDE EDU. AND AWARENESS FEE FOR SERVICE GRANTS FOR APPLICATION OF EXEMPT STATUS
101	FUNDRAISERS TO GENERATE PUBLIC AWARENESS OF THE PROGRAMS AND THE NEED FOR THE PROGRAMS AND SERVICES IN THE AREA.
102	SALE AT THRIFT STORE TO PROVIDE ADDITIONAL SUPPORT AND A LOW-COST ALTERNATIVE FOR CLOTHING AND HOUSEHOLD ITEMS FOR CLIENTS IN THE AREA.

Statement 15 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
APARTMENT RENT INCOME	$ 39,369	$ 25,539	$ 27,122	$ 24,420
Total	$ 39,369	$ 25,539	$ 27,122	$ 24,420

Special Events Direct Expenses

Description	Amount
Column A	$
VARIOUS EVENTS DURING YEAR	
Supplies	44,558
SubTotal	44,558
Total	44,558

Direct expenses other than fundraising expenses reported on Form 990, page 1, line 9b.

Form 990 Part II, Line 42

Bastrop County Women's Shelter, DBA Family Crisis Center

EIN - 74-2304542

Fixed Asset Depreciation Schedule for FY Ending September 30, 2008

Program | Admin | thrift store

A	B	C	D	E	F	G
			Asset Costs			
Description	Useful Life	Depr. Mthd	Beginning Balance	Additions	Retire-ments	Ending Balance D + E -F
Land			153,866.43	-		153,866.43
Construction in Progress			-	-		-
Buildings						
431 Old Austin Hwy-office	40		322,165.00	-		322,165.00
Safehouse-500 Linden	40		393,316.95	-		393,316.95
Apartments-502 Linden	40		1,499,836.01	-		1,499,836.01
Purchased Morgan bldg.	40		4,800.00	-		4,800.00
Thrift Store facility	40		989,810.83	-		989,810.83
Furniture & Equipment						
Office Furniture	7		24,872.74	-		24,872.74
Office Furniture-donated	7		5,830.00	-		5,830.00
SH Furnishings	7		37,361.23	-		37,361.23
Apartment Comm. Rm Furn.	7		929.20	-		929.20
Apartment Furnishings	7		-	-		-
TS-furnishings	7		4,860.00	-		4,860.00
Telephone System	7		23,156.15	-		23,156.15
Computer Equipment	3		21,849.62	-		21,849.62
Computer Equipment-donated	3		32,450.45	-		32,450.45
GTEAP Equipment	3		292,946.63	-		292,946.63
Software	5		12,530.00	-		12,530.00
SANE Equipment	5		10,296.65	-		10,296.65
Other Equipment	7		12,232.89	-		12,232.89
Vehicles						
2001 Chevrolet Van	7		24,484.56	-		24,484.56
TS Hauling Truck	7		5,000.00	-		5,000.00
TOTALS			3,872,595.34	-	-	3,872,595.34

A	H		I	J	K
	Accumulated Depreciation				
Description	Asset Balance	Prior Years Depr.	FY Depr. Expense	Retirements/ Other Decreases	Remaining Depr'ble Bal. H + I - J
Land	153,866.43				153,866.43
Construction in Progress	-				-
Buildings					
431 Old Austin Hwy-office	322,165.00	89,948.39	8,054.13		224,162.49
Safehouse-500 Linden	393,316.95	77,176.59	9,832.92		306,307.44
Apartments-502 Linden	1,499,836.01	263,571.30	37,495.90		1,198,768.81
Purchased Morgan bldg.	4,800.00	2,520.00	120.00		2,160.00
Thrift Store facility	989,810.83	30,718.69	24,745.27		934,346.87
Furniture & Equipment					
Office Furniture	24,872.74	20,428.32	1,111.10		3,333.32
Office Furniture-donated	5,830.00	5,830.00	[illegible]		-
SH Furnishings	37,361.23	37,361.23	-		-
Apartment Comm. Rm Furn.	929.20	929.20	-		-
Apartment Furnishings	-	-	-		-
TS-furnishings	4,860.00	4,308.58	551.42		-
Telephone System	23,156.15	21,323.91	328.16		1,504.08
Computer Equipment	21,849.62	21,849.62	[illegible]	-	-
Computer Equipment-donated	32,450.45	32,450.45	-		-
GTEAP Equipment	292,946.63	292,946.63	-		-
Software	12,530.00	12,530.00	-		(0.00)
SANE Equipment	10,296.65	869.54	2,059.33		7,367.78
Other Equipment	12,232.89	9,956.85	354.85	-	1,921.19
Vehicles					
2001 Chevrolet Van	24,484.56	24,484.56	-		-
TS Hauling Truck	5,000.00	4,285.74	714.26		-
TOTALS	3,872,595.34	953,489.60	85,367.34	-	2,833,738.40

Prior Acc. Depr. Balance	953,489.60
Less Deletes	-
Year End Acc. Depr. Balance	1,038,856.94

49,716.31
9,640.08
26,010.95
85,367.34