

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 11-01-2009 and ending 10-31-2010

- 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
HOBBS COUNTRY CLUB INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 548

City or town, state or country, and ZIP + 4
HOBBS, NM 88241

D Employer identification number
85-0043225

E Telephone number
(575) 393-5167

G Gross receipts \$ 1,894,421

F Name and address of principal officer
SAM COBB
PO BOX 548
HOBBS, NM 88240

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

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.HOBBSCOUNTRYCLUB.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1948

M State of legal domicile NM

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE SOCIAL INTERACTION FOR MEMBERS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of employees (Part V, line 2a)	5	80
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	3,905
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-431	
Revenue	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	737,481	675,272
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111	33
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	883,845	841,732
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,621,437	1,517,037
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,024,006	992,717
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	685,775	691,542	
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,709,781	1,684,259	
19	Revenue less expenses Subtract line 18 from line 12	-88,344	-167,222	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 892,601	End of Year 919,752
	21	Total liabilities (Part X, line 26)	64,279	258,652
	22	Net assets or fund balances Subtract line 21 from line 20	828,322	661,100

Part II Signature Block

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.

Sign Here

Signature of officer

2011-01-21
Date

SAM D COBB PRESIDENT
Type or print name and title

Paid

Preparer's signature ▶ MARY HINDS

Date 2011-01-24

Check if self-employed

Preparer's identifying number (see instructions)

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JOHNSON MILLER & CO CPA'S PC
PO BOX 220
HOBBS, NM 88241

EIN ▶

Phone no ▶ (575) 393-2171

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No