

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)

OMB No 1545-0047

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 11-01-2011 and ending 10-31-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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 \$ 2,342,781

F Name and address of principal officer
 HAL BRUNSON
 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)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.HOBBS.COUNTRYCLUB.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 individuals employed in calendar year 2011 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,832
b Net unrelated business taxable income from Form 990-T, line 34	7b	-500	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	739,431	735,211
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25	1
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	909,355	1,027,759
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,648,811	1,762,971
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)	1,001,508	1,007,989
	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–24e)	805,865	845,116
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,807,373	1,853,105	
19 Revenue less expenses Subtract line 18 from line 12	-158,562	-90,134	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	888,356	969,809
	22 Net assets or fund balances Subtract line 21 from line 20	385,818	587,258
		502,538	382,551

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: *****
 Date: 2012-12-21

HAL BRUNSON BOARD PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: MARY HINDS
 Date: 2013-01-11
 Check if self-employed:

Preparer's taxpayer identification number (see instructions)

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