

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

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

2010

Open to Public Inspection

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

Header section containing organization name (HOBBS COUNTRY CLUB INC), EIN (85-0043225), address (PO BOX 548, HOBBS, NM 88241), and principal officer (JOE INMAN).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include contributions, program service revenue, grants, salaries, and total assets/liabilities.

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.

Signature block and preparer information section, including officer signature (JOE INMAN) and preparer information (MARY HINDS).

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

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
 Type or print name and title: HAL BRUNSON, BOARD PRESIDENT

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

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

2012

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning 11-01-2012, 2012, and ending 10-31-2013

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**

F Name and address of principal officer:
KIRK STAGGS
PO BOX 548
HOBBS, NM 88240

G Gross receipts \$ **2,199,934**

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.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 individuals employed in calendar year 2012 (Part V, line 2a)	5	71	
	6 Total number of volunteers (estimate if necessary)	6	10	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	139,889	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	13,697	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)		0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	735,211	786,258	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	3	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,027,759	986,664	
		1,762,971	1,772,925	
	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)		1,007,989	813,982	
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)		845,116	754,645	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,853,105	1,568,627	
19 Revenue less expenses Subtract line 18 from line 12	-90,134	204,298		
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	969,809	978,590	
	21 Total liabilities (Part X, line 26)	587,258	408,214	
22 Net assets or fund balances Subtract line 21 from line 20	382,551	570,376		

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: **2013-12-27**
 KIRK STAGGS BOARD PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARY HINDS** Preparer's signature: _____ Date: **2014-01-13** Check if self-employed PTIN: _____
 Firm's name: ▶ **JOHNSON MILLER & CO CPA'S PC** Firm's EIN ▶ _____
 Firm's address: ▶ **PO BOX 220** Phone no: **(575) 393-2171**
HOBBS, NM 88241

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 11-01-2013, 2013, and ending 10-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOBBS COUNTRY CLUB INC		D Employer identification number 85-0043225
	Doing Business As		E Telephone number (575) 393-5167
	Number and street (or P O box if mail is not delivered to street address) PO BOX 548	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code HOBBS, NM 88241		
F Name and address of principal officer KAY CULP PO BOX 548 HOBBS, NM 88240		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HOBBS-COUNTRYCLUB.COM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	7
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	59
	6 Total number of volunteers (estimate if necessary)	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	660,352	
7b Net unrelated business taxable income from Form 990-T, line 34	125,418	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0
	9 Program service revenue (Part VIII, line 2g)	786,258
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	986,664
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,772,925
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)	813,982
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	754,645
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,568,627	
19 Revenue less expenses Subtract line 18 from line 12	204,298	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	978,590
	21 Total liabilities (Part X, line 26)	408,214
	22 Net assets or fund balances Subtract line 21 from line 20	570,376

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	2015-01-09 Date			
	KAY CULP BOARD PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARY HINDS	Preparer's signature	Date 2015-01-22	Check <input type="checkbox"/> if self-employed	PTIN P00633134
	Firm's name ▶ JOHNSON MILLER & CO CPA'S PC		Firm's EIN ▶ 85-0214336		
	Firm's address ▶ PO BOX 220 HOBBS, NM 88241		Phone no (575) 393-2171		

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 11-01-2014, and ending 10-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOBBS COUNTRY CLUB INC		D Employer identification number 85-0043225
	Doing business as		E Telephone number (575) 393-5167
	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 province, country, and ZIP or foreign postal code HOBBS, NM 88241		
F Name and address of principal officer KAY CULP PO BOX 548 HOBBS, NM 88240		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.HOBBS-COUNTRYCLUB.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 2014 (Part V, line 2a)	5	61
	6 Total number of volunteers (estimate if necessary)	6	7
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	441,195	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	21,222	
Revenue	8 Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)	747,504	668,025
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	2
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,557,080	1,199,733
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,304,594	1,867,760
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)	983,530	974,135
	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)	894,583	905,891
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,878,113	1,880,026	
19 Revenue less expenses Subtract line 18 from line 12	426,481	-12,266	
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	1,346,569	1,216,305
	21 Total liabilities (Part X, line 26)	349,712	490,112
22 Net assets or fund balances Subtract line 21 from line 20	996,857	726,193	End of Year

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: 2015-12-14		
	KAY CULP BOARD PRESIDENT Type or print name and title				
Paid Preparer Use Only	Ppnt/Type preparer's name MARY HINDS	Preparer's signature MARY HINDS	Date 2016-01-22	Check <input type="checkbox"/> if self-employed	PTIN P00633134
	Firm's name ▶ JOHNSON MILLER & CO CPA'S PC			Firm's EIN ▶ 85-0214336	
	Firm's address ▶ PO BOX 220 HOBBS, NM 88241			Phone no (575) 393-2171	