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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public
Inspection**Form **990-EZ**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization 100 CLUB OF BRAZORIA COUNTY		D Employer identification number 51-0174252
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 1596		E Telephone number 979-297-5910
		City or town, state or country, and ZIP + 4 LAKE JACKSON TX 77566		F Group Exemption Number ▶

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **38,918**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	12,750
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	16,235
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	9,933
6b	Less: direct expenses other than fundraising expenses	6b	6,375	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,558	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	32,543	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	640
	14	Occupancy, rent, utilities, and maintenance	14	288
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement)	16	18,602
	17	Total expenses. Add lines 10 through 16	17	21,030
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,513
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	830,694
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	842,207

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	830,694	842,207
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	830,694	842,207
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	830,694	842,207

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

Form **990-EZ** (2009)

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

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts; optional
for others)

BENEFITS OFFICERS SLAIN IN LINE OF DUTY

Describe ~~what~~ was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28a

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

29a

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

30a

31 Other program services (attach schedule)
(Grants \$ **1,500**) If this amount includes foreign grants, check here

31a

19,570

32 Total program service expenses (add lines 28a through 31a)

32

19,570

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address

(a)	(b) Title and average hours per week devoted to position	(c)	(d)	(e)	(f)	(g)	(h)
1	President	100	100	100	100	100	100
2	Vice President	100	100	100	100	100	100
3	Secretary	100	100	100	100	100	100
4	Treasurer	100	100	100	100	100	100
5	Member	100	100	100	100	100	100
6	Member	100	100	100	100	100	100
7	Member	100	100	100	100	100	100
8	Member	100	100	100	100	100	100
9	Member	100	100	100	100	100	100
10	Member	100	100	100	100	100	100
11	Member	100	100	100	100	100	100
12	Member	100	100	100	100	100	100
13	Member	100	100	100	100	100	100
14	Member	100	100	100	100	100	100
15	Member	100	100	100	100	100	100
16	Member	100	100	100	100	100	100
17	Member	100	100	100	100	100	

(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation	
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(e) Expense account and other allowances

See Statement 2

Form 990-EZ (2009) **100 CLUB OF BRAZORIA COUNTY** **51-0174252**
Part V Other Information (Note the statement requirements in the instructions for Part V.)

Page 3

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. None		
42a The organization's books are in care of LEE SCOTT Telephone no. 979-297-5910 P.O. BOX 1596 Located at LAKE JACKSON, TX ZIP + 4 77566		
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)? 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.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer H L BAKER, JR Type or print name and title		Date 5-14-2010 TREASURER	
Paid Preparer's Use Only	Preparer's signature	 Date 05/13/10		Preparer's Identifying Number (See instr.) P00026173
	Firm's name (or yours if self-employed), address, and ZIP + 4	H D, Inc. 115 North Dixie Drive, Suite 230 Lake Jackson, TX 77566		EIN ▶ Phone no ▶ 979-265-2231
	May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,150	9,130	18,870	5,000	12,750	56,900
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,150	9,130	18,870	5,000	12,750	56,900
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						30,957
6 Public support. Subtract line 5 from line 4						25,943

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	11,150	9,130	18,870	5,000	12,750	56,900
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,766	25,769	30,676	27,328	16,235	115,774
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						172,674
12 Gross receipts from related activities, etc. (see instructions)					12	48,814
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	15.02 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	2.00 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☒		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 17a - 10% Facts and Circumstance Test - 2008

WE HAD TO EVACUATE FOR HURRICANE IKE IN 2008 AND BRAZORIA COUNTY WAS DECLARED A FEDERAL DISASTER AREA. BECAUSE OF THIS WE DECIDED NOT TO HAVE OUR ANNUAL BANQUET. OUR GIFTS, GRANTS, CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED IN 2008 WERE ONLY \$ 5,000 DUE TO THE ABOVE CIRCUMSTANCES. THIS WAS THE LOWEST AMOUNT OF MONEY WE HAD RECEIVED SINCE 2004 AND MAYBE THE SMALLEST AMOUNT THAT WE HAD EVER RECEIVED. THIS BROUGHT OUR SUPPORT DOWN IN 2008. OUR PUBLIC SUPPORT INCREASED IN 2009 BUT DUE TO THE ECONOMY, IT IS STILL NOT AT OUR NORMAL AMOUNTS. EXCLUDING 2008, OUR PERCENTAGE WOULD BE 36.98% WHICH WOULD QUALIFY US AS A PUBLICLY SUPPORTED ORGANIZATION.

THEREFORE, WE BELIEVE WE MEET THE FACTS AND CIRCUMSTANCES EXCEPTION FOR 2009.

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	532
CONTRACT LABOR	18,000
P O BOX RENTAL	70
Total	\$ <u>18,602</u>

Federal Statements

Statement 2 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JAMES F. BROWN, JR.	BOARD CHAIR		0	0	0
CHINNA YAKLIN	PRESIDENT		0	0	0
PHYLLIS SAATHOFF	1ST V-PRES		0	0	0
GERALD ANDREWS	2ND V-PRES		0	0	0
JAMES L. EVANS	3RD V-PRES		0	0	0
H. L. BAKER, JR.	SEC & TREAS		0	0	0
JAMES COLLINS	DIRECTOR		0	0	0
DONALD L. DAVENPORT	DIRECTOR		0	0	0
JAMES L. EVANS	DIRECTOR		0	0	0
JACKO GARRETT	DIRECTOR		0	0	0
DANNY G. JOHNSON	DIRECTOR		0	0	0
E. J. KING	DIRECTOR		0	0	0
MIKE LOWREY	DIRECTOR		0	0	0
MARK MONICAL	DIRECTOR		0	0	0
DAVID NOVOSAD	DIRECTOR		0	0	0
D. E. PELL	DIRECTOR		0	0	0
MARY RUTH RHODENBAUGH	DIRECTOR		0	0	0
SHARON ROGERS	DIRECTOR		0	0	0

Federal Statements

Statement 2 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
FLOYD SCOTT	DIRECTOR		0	0	0
TIM SCOTT	DIRECTOR		0	0	0
STACY STANLEY	DIRECTOR		0	0	0
TRAVERSIA VIOLA, SR.	DIRECTOR		0	0	0
BILLY WEHRING	DIRECTOR		0	0	0
GEORGE T. WOMMACK, JR.	DIRECTOR		0	0	0
JERI YENNE	DIRECTOR		0	0	0
LEE SCOTT	EXE DIRECTOR		18,000	0	0