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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 Open to Public

<u>A</u>	For th	e 2011 calendar year, or tax year beginning ar	d ending	3		
В	Check i	C Name of organization			D Employer identif	cation number
	Addr	6 MOKED CILMAN S TENNIS TOURNAMENT				
Ļ	Nam chan	90 Doing Business As	74-2	656299		
	Initia retur Term ated	Number and street (of P.O. Dox if mail is not delivered to street address)	Room/s	suite	E Telephone numbe 713 –	er -888-3300
	Ame	City or town, state or country, and ZIP + 4	1		G Gross receipts \$	376,373.
	Appl	Call HOUSTON, TX 77256			H(a) is this a group r	
	pend	F Name and address of principal officer. THURMON ANDRESS			for affiliates?	Yes X No
		THREE RIVERWAY, STE 1900, HOUSTON, TX	770	56	H(b) Are all affiliates in	cluded? Yes No
<u> </u>	Tax-e	tempt status 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(527	1	list (see instructions)
		ite: ▶ WWW.WOTT.ORG			H(c) Group exempted	on number 🕨
		forganization: X Corporation Trust Association Other	L	Year	of formation: 1993	M State of legal domicile: TX
P:	ar.t∗l•					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities. \overline{REC}	REAT	ON	AL TENNIS T	OURNAMENT
E	2	Check this box I if the organization discontinued its operations or disp	osed of	more	than 25% of its net a	ssets
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)	,0000		3	38
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	38
8	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	,		5	0
¥	6	Total number of volunteers (estimate if necessary)			6	30
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
					Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)			238,138.	254,089.
enc	9	Program service revenue (Part VIII, line 2g)			103,950.	121,875.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			221.	409.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		_	342,309.	376,373.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		\vdash	35,750.	25,700.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	<u> </u>	12,000.	18,000.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	^	_	0.	0.
Ä	6	Total fundraising expenses (Part IX, column (D), line 25)	0.	(SP 197)	201 222	227 506
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		\vdash	291,323. 339,073.	337,596. 381,296.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		\vdash	3,236.	-4,923.
280		Revenue less expenses Subtract line 18 from line 12		<u></u>	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		۳	121,076.	116,152.
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)			0.	0.
誓	22	Net assets or fund balances. Subtract line 21 from line 20 RECEIVED)		121,076.	116,152.
		Signature Block	-7.	•	-	· · · · · · · · · · · · · · · · · · ·
Und	er pen	alties of perjury, I declare that I have examined this return, indicion accompanying schedu	ıles ant i∕s	atem	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete Declaration of prepara (offer than officer) spased bright interfact 600 f	which pre	parer	has any knowledge.	
		huge (hoheso	<u> </u>		11-16	-12
Sig	n	Signature of officer OGDEN, U	T		Date	
Her	е	THURMON ANDRESS, CHAIRMAN Type or print name and title				
				- 11	Date Check	TT PTIN
Paid		Print/Type preparer's name Preparer's signature	ם מסם		1 /1 6 /1 0 #	
	parer		LLP	- 니ㅗ	1/16/12 self-employ	P00947402 76-0355510
	Only	Firm's address TWO RIVERWAY, FLOOR 15	7112		Firm's EIN	10-0333310
250	,	HOUSTON, TX 77056			Phone no. 7	13-621-8090
May	/ the	RS discuss this return with the preparer shown above? (see instructions)			I none no.	X Yes No
	01 01-		tions.			Form 990 (2011)

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Form 990 (2011) WORLD OILMAN'S TENNIS TOURNAMENT
Part IV Ghecklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
1	If "Yes," complete Schedule A	1		X
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		X
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_ <u>X</u> _
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	aan /	2044

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Raite Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			**
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		.	х
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
_	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24a		
2 08	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
U	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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		43	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			77
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	\vdash	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ا مم ا		x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-ٽ-		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		ᢏ	
	Note. All Form 990 filers are required to complete Schedule O	38	X 000 (
		rom	990 (2011)

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Pai	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u></u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►		1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	 -	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a	l	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	 	 ^
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
C	to file Form 8282?	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
e		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ь—
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	 	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	_
	Note. See the instructions for additional information the organization must report on Schedule O.		l	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-	 	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	<u> </u>
n	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	l 14b		

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Form	990	(201)	1

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI				X						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3	8								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				į						
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3	8								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1								
_	officer, director, trustee, or key employee?	arry out to	2								
3											
•	of officers, directors, or trustees, or key employees to a management company or other person?	t dapor violon	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	s filod?	4	-	X						
5	Did the organization make any significant changes to its governing documents since the profit of mass was Did the organization become aware during the year of a significant diversion of the organization's assets?	s illeu :	5	-	X						
			6		X						
6	Did the organization have members or stockholders?		F*		 ^ -						
/ a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	one or	 		x						
	more members of the governing body?	1-1	7a		 ^ -						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	plaers, or	l		x						
_	persons other than the governing body?	. f-11	7b		┝┷						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	e iollowing.		X							
	The governing body?		8a		├—						
	Each committee with authority to act on behalf of the governing body?		8b	Х	┡—						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at the			۱.,						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)			<u> </u>						
			_	Yes	No						
	Did the organization have local chapters, branches, or affiliates?		10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	s, affiliates,	10b								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conf		12b	<u> </u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de	escribe			1						
	in Schedule O how this was done		12c	ļ							
13	Did the organization have a written whistleblower policy?		13		Х						
14	Did the organization have a written document retention and destruction policy?		14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by in	dependent	1								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a		Х						
b	Other officers or key employees of the organization		15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w	rith a									
	taxable entity during the year?		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	า'ร	1								
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 if applicable), 990-T (Section 6	on 501(c)(3)s only)	availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of interest policy, a	nd fina	ncial							
	statements available to the public during the tax year.	•									
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords of the organiz	ation:	>							
	THURMON ANDRESS - 713-888-3300	•									
	P.O. BOX 56203, HOUSTON, TX 77256										

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per	(do box	not c	(C Posi heck ss pe	C) Ition more	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) W.T. SHERMAN PRESIDENT	1.00	х		X				0.	0.	0.
(2) D.L STEPHENS	1.00	4	├─	_	_		_	0.	0.	-
DIRECTOR	1.00	х						0.	0.	0.
(3) T. ANDRESS	Ì									
DIRECTOR, CO-CHAIRMAN & VP	1.00	Х		X	1			0.	0.	0.
(4) J. GOODPASTURE										
DIRECTOR & SECRETARY	1.00	X		X				0.	0.	0.
(5) J. TALBOT										
DIRECTOR	1.00	X						0.	0.	0.
(6) G. HITE										_
DIRECTOR	1.00	Х						0.	0.	0.
(7) ROBERT D. MURPHY, JR.		İ		ĺ	İ			_	_	_
DIRECTOR & TREASURER	1.00	X	Ш	X				0.	0.	0.
(8) KEN BROCK										
DIRECTOR	1.00	Х			$ldsymbol{ld}}}}}}$	lacksquare		0.	0.	0.
(9) SCOTT ANDERSON	1								_	
DIRECTOR	1.00	Х	_		L	<u> </u>		0.	0.	0.
(10) JOHN AUBREY	1 00								0	
DIRECTOR	1.00	X	_	_	<u> </u>	┞-		0.	0.	0.
(11) JEFFREY BARTLETT	1	٠,						_	0.	_
DIRECTOR	1.00	X	\vdash		<u> </u>	├		0.	0.	0.
(12) GERALD BENNETT DIRECTOR	1.00	х			ŀ			0.	0.	0.
(13) ED BUSH		 	\vdash		\vdash	\vdash	\vdash			
DIRECTOR	1.00	x						0.	0.	0.
(14) MIKE CALHOUN		Ë			\vdash		H		•	
DIRECTOR	1.00	x						0.	0.	0.
(15) DAVID CAPRON					H		┪			
DIRECTOR	1.00	x						0.	0.	0.
(16) STEVE CHESEBRO					Г					
DIRECTOR	1.00	Х						0.	0.	0.
(17) DON CORDIER										
DIRECTOR	1.00	Х						0.	0.	0.

Jan 1 Jection A. Officers, Directors, The		1101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ngi	CJL	Compensated Employ	CC3 (00/11/1/1000)	
(A) Name and title	(B) Average hours per	rage Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	tee or director	er enstruteer an	od a d		Highest compensated A/	Ť	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(18) ROSS DAVIS	1 00	,,							0	0
DIRECTOR (19) ROB DERRICK	1.00	X	<u> </u>	-	-	\vdash		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(20) DICK EICHER			T	┢		t				
DIRECTOR	1.00	Х						0.	0.	0.
(21) JOHN FENSTERMAKER										
DIRECTOR	1.00	Х	_	<u> </u>		┞	L	0.	0.	0.
(22) BILLY GREESON	1 00	х						0.	0.	0.
DIRECTOR (23) STEVE HEROD	1.00	Α.			H	╀┈	├	0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(24) MARK HOUSER	1.00	 	┢		┢╌	╁				
DIRECTOR	1.00	Х						0.	0.	0.
(25) BILL HOWELL										
DIRECTOR	1.00	X			L		ļ	0.	0.	0.
(26) G. M. BYRD LARBERG	1 00		l			ı			_	,
DIRECTOR	1.00	X	<u> </u>	L	_	Ļ		0.	0.	0.
1b Sub-total	II Continu A							0.	0.	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.	0.	Ö.
2 Total number of individuals (including but i	not limited to th		liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey eı	mple	oyee	, or	highest compensated e	mployee on	3 - X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ens	atio	n an	d ot	her compensation from	the organization	
and related organizations greater than \$15	0,000? If "Yes	," co	mpl	ete .	Sch	edul	e J	for such individual		4 X
5 Did any person listed on line 1a receive or	•					,	relat	ted organization or indiv	idual for services	
rendered to the organization? If "Yes," con	nplete Schedu	e J f	for s	uch	per	son			······· -	5 X
Section B. Independent Contractors		don	d	nnt e	ont	ract	are i	that recoved more than	\$100,000 of compone	eation from
Complete this table for your five highest countries the organization. Report compensation for										sation nom
(A)	tire carefulati	<u> </u>	00	9		<u> </u>		(B)	,,,,,,	(C)
Name and business	address	N	ON:	E				Description of s	services (Compensation
							_			
							_			
2 Total number of independent contractors	=	not li	mite	ed to		_	stec	d above) who received r	nore than	
\$100,000 of compensation from the organ		<u>ודיה</u>	NTT:	Δጥ		0 N :	gн	EETS		Form 990 (2011)

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	וע,	otatement of never	140		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and ve 1f	254,089.				
and	_	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$	—	254,089.			
l	2 a b	ENTRY FEES		Business Code 711300	121,875.	121,875.		_
Program Service Revenue	c d e	•						
۾	f		enue		101 075			
+	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including	dividends inte	rest and	121,875.			
	4	other similar amounts) Income from investment of ta		•	409.			409.
	5	Royalties	(ı) Real	(II) Personal				
		Gross rents Less [,] rental expenses Rental income or (loss)	W TOOL	\.,				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Secunties	(II) Other				
		Less: cost or other basis and sales expenses Gain or (loss)						
nue	d	Net gain or (loss) Gross income from fundraisin including \$		•				
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses	a I					
	9 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	ctivities See					
		Less: direct expenses Net income or (loss) from gam	t nna activities	`				
	10 a	Gross sales of inventory, less and allowances						
-		Less' cost of goods sold Net income or (loss) from sale Miscellaneous Revenu		Business Code	-			
	11 a b							
	c d	All other revenue						
		Total. Add lines 11a-11d						
132009 01-23-	12	Total revenue. See instructions		<u> </u>	376,373.	121,875.	0.	409. Form 990 (2011)

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	25,700.	25,700.								
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22				1						
3	Grants and other assistance to governments,										
	organizations, and individuals outside the				<u>'</u>						
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	18,000.	18,000.								
8	Pension plan accruals and contributions (include										
	section 401(k) and section 403(b) employer contributions)			· 							
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
a	Management										
b	Legal	2,800.	2,800.	·····							
С	Accounting	2,000.	2,000.								
d	Lobbying Professional fundraising services. See Part IV, line 17										
e f	Investment management fees										
	Other										
9 12	Advertising and promotion										
13	Office expenses	872.	872.								
14	Information technology										
15	Royalties										
16	Occupancy	4,950.	4,950.								
17	Travel		·								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	1,736.	1,736.								
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	RACQUET CLUB	193,615.	193,615.								
b	PRIZES, TROPHIES, AWARD	78,678.	78,678.								
С	ENTERTAINMENT	20,134.	20,134.								
d	REGISTRATION AND HOSPIT	11,334.	11,334.								
е	All other expenses	23,477.	23,477.								
25	Total functional expenses. Add lines 1 through 24e	381,296.	381,296.	0.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)	<u></u>			L						

Part X | Balance Sheet (A) (B) Beginning of year End of year 86,076. 86,152. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 35,000. 30,000. 15 15 Other assets. See Part IV, line 11 116,152. 121,076. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Ō. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 0 30 Capital stock or trust principal, or current funds 0 31 Paid-in or capital surplus, or land, building, or equipment fund 31 121,076. 116,152. 32 32 Retained earnings, endowment, accumulated income, or other funds 121,076. 116,152. 33 Total net assets or fund balances 121,076 116,152. 34 Total liabilities and net assets/fund balances

orm	990 (2011) WORLD OILMAN'S TENNIS TOURNAMENT	<u> </u>	299	Pag	<u>le 12</u>		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>73.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	381,296				
3	Revenue less expenses. Subtract line 2 from line 1	3_	-4,923				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,076				
5	Other changes in net assets or fund balances (explain in Schedule O)	5	116,15				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))						
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		- 1			
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:				1		
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit					
	Act and OMB Circular A-133?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form 9	9 90 (2	2011)		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization

WORLD OILMAN'S TENNIS TOURNAMENT

Employer identification number 74-2656299

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund:	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor ac	•	used only
	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	•	
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic stru	2c	
d	Number of conservation easements included in (c) acquired a	ture	
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements o	during the year >
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

		LMAN'S TE				0.1				Page 2		
	t III Organizations Maintaining Co											
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
	(check all that apply).		. —									
а	Public exhibition	d			hange progra	ms						
þ	Scholarly research	е		Other			-	<u></u>				
C	Preservation for future generations			•								
4	Provide a description of the organization's college				_			se in Par	t XIV.			
5	During the year, did the organization solicit or r					er sımılar a	assets		7			
ГБ	to be sold to raise funds rather than to be main								_ Yes	No		
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or											
	reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodiar	n or other intermed	diary for	contribution	ns or other ass	sets not ir	ncluded		7			
	on Form 990, Part X?							L	」Yes	└── No		
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	llowing	table:								
							\vdash		Amount			
С	Beginning balance						1c					
	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f		т			
	Did the organization include an amount on For	m 990, Part X, line	217						J Yes	└── No		
	If "Yes," explain the arrangement in Part XIV											
Par					,							
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	1) Three y	ears back	(e) Four	years back		
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships				ļ							
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance				i							
2	Provide the estimated percentage of the current	nt year end baland	ce (line 1	g, column (a	a)) held as [.]							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment >	%										
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	d equal 100%										
За	Are there endowment funds not in the possess	sion of the organiz	ation tha	at are held a	and administer	red for the	e organız	ation	_			
	by:									Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
þ	If "Yes" to 3a(ii), are the related organizations li	-							3b			
4	Describe in Part XIV the intended uses of the c											
Par	t VI Land, Buildings, and Equipme	nt. See Form 990), Part X	, line 10.	·							
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	value		
		basis (investr	ment)	basis	(other)	depr	eciation					
1a	Land											
b	Buildings											
С	c Leasehold improvements											
d	Equipment											
	Other											
Total	. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part	X, colun	nn (B), line 1	10(c))			•		0.		

<u>1</u>	(a) Description of Hability		(b) Book value
(1)	Federal income taxes		
(2)	·		
(3)		_	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	▶	
2. FIN	(Column (b) must equal Form 990, Part X, Col (B) line 25) 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organiz 48 (ASC 740)	ation's financial staten	ients that reports the organ

SCHEDULE (Form 990)

Schedule I (Form 990) (2011) <u>2</u> **Employer identification number** 74-2656299 Open to Public-OMB No 1545-0047 O SUPPORT AND BENEFIT Inspection (h) Purpose of grant or assistance INDIVIDUALS WITH X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any DISABILITIES. INTELLECTUAL recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (below if applicable cash grant assistance cash grant or government or government assistance cash grant assistance cash grant assistance or government or government cash grant assistance cash grant cash grant assistance cash grant cash grant cash grant cash assistance cash grant cas 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 9,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table WORLD OILMAN'S TENNIS TOURNAMENT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization SPECIAL OLYMPICS TEXAS Name of the organization Department of the Treasury Internal Revenue Service Part I

(f) Description of non-cash assistance Schedule I (Form 990) (2011) (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: BOARD OF DIRECTORS APPROVES GRANTS. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, PART I, 132102 01-27-12 Part III

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WORLD OILMAN'S TENNIS TOURNAMENT

Schedule I (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD OTIMAN'S TENNIS TOTOMAMENT

Employer identification number 74-2656299

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FORM	990,	PART	VI,	SECTION	В,	LINE	11:	FORM	990 V	VILL	BE S	SENT	то	OFFI	CERS	
				REVIEW												
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FORM	990,	PART	VI,	SECTION	C,	LINE	19:	UPON	REQUE	EST						_
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Part VII Section A. Officers, Directors		mplo	oyee			ligh	est				
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) TERRY A. LESCH DIRECTOR	1.00	x						0.	0.	0.	
(28) CHRISTOPHER LONG	1.00	₽						0.			
DIRECTOR	1.00	х						0.	0.	0	
(29) JIM MCCUISTION		Α	-	Н		-			•	-	
DIRECTOR	1.00	x						O.	0.	0	
(30) STEVE MIKEL		-						 			
DIRECTOR	1.00	x						O.	0.	0	
(31) PAUL NUNLEY											
DIRECTOR	1.00	х		l				0.	0.	0	
(32) MICHAEL A. ODEGARD											
DIRECTOR	1.00	Х						0.	0.	0	
(33) LAMAR ROEMER											
DIRECTOR	1.00	Х						0.	0.	0	
(34) CHARLES SCHOLZ									_		
DIRECTOR	1.00	Х				oxed		0.	0.	0	
(35) JOHN SCHWARZ											
DIRECTOR	1.00	Х				$ldsymbol{ld}}}}}}$		0.	0.	0	
(36) ELGEAN SHIELD	1 00	١.,							0		
DIRECTOR	1.00	X						0.	0.	0	
(37) IVAR SIEM	1.00							0.	0.	0	
DIRECTOR (38) JIM TRIMBLE	1.00	Δ	_	Н		\vdash		U .	0.	U	
DIRECTOR	1.00	x						0.	0.	0	
(39) DWAYNE TUTTLE	1.00	<u> </u>				\vdash		0.	0.	•	
DIRECTOR	1.00	x						0.	0.	0	
(40) EDDIE WATSON		-	\vdash	Н		\vdash		· · · · · · · · · · · · · · · · · · ·			
DIRECTOR	1.00	x						0.	0.	0	
(41) KEN WAX											
DIRECTOR	1.00	X						0.	0.	0	
(42) K. C. WEINER											
DIRECTOR	1.00	Х						0.	0.	0	
(43) RICHARD WILKERSON											
DIRECTOR	1.00	X						0.	0.	0	
(44) JOHN WILLIAMS											
DIRECTOR	1.00	Х	oxdot					0.	0.	0	
(45) LARRY WYONT		l							_		
DIRECTOR	1.00	Х	$ldsymbol{ld}}}}}}$					0.	0.	0	
(46) TOM YOUNG	1 4 00	۱,,								_	
DIRECTOR	1.00	X						0.	0.	0	

Form 886	68 (Rev. 1-2012)					Page 2							
● It you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		▶ X							
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.								
	are filing for an Automatic 3-Month Extension, comple												
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).							
			Enter filer's	ıdentifyir	ng number,	see instructions							
Type or													
print													
File by the WORLD OILMAN'S TENNIS TOURNAMENT X 74-2656299													
due date for Number, street, and room or suite no. If a P O. box, see instructions Social security number (SSN)													
return See	P.O. BOX 56203												
instructions	City, town or post office, state, and ZIP code For a for	oreign add	ress, see instructions		_								
	HOUSTON, TX 77256												
			 -										
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1							
Applicati	ion	Return	Application			Return							
ls For		Code	Is For			Code							
Form 990)	01											
Form 990)-BL	02	Form 1041-A			08							
Form 990)-EZ	01	Form 4720			09							
Form 990)-PF	04	Form 5227			10							
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11							
Form 990	O-T (trust other than above)	06	Form 8870		·	12							
STOP! D	o not complete Part II if you were not already granted	l an auton	natic 3-month extension on a prev	iously file	ed Form 886	58.							
	THURMON ANDRES												
	ooks are in the care of ▶ P.O. BOX 56203	- HOI	JSTON, TX 77256										
Teleph	none No ▶ 713-888-3300		FAX No. ▶	•									
If the c	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □							
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole (group, check this							
box 🕨			ch a list with the names and EINs of	all memb	ers the exte	nsion is for							
	· · · · · · · · · · · · · · · · · · ·	NOVEM	BER 15, 2012										
	calendar year 2011 , or other tax year beginning $_$, and ending	9									
6 If th	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: L Initial return	⊥ Fınal r	etum								
L	☐ Change in accounting period												
	ite in detail why you need the extension		-		·								
	DDITIONAL TIME IS NEEDED TO	GATHE	R THE NEEDED INFOR	MATIO	N TO F	ILE A							
<u>cc</u>	OMPLETE AND ACCURATE RETURN.												
													
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			•							
	nrefundable credits. See instructions			8a	\$	0.							
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated										
tax	payments made. Include any prior year overpayment all	lowed as a	credit and any amount paid			0.							
	eviously with Form 8868												
	lance due. Subtract line 8b from line 8a Include your pa	=	h this form, if required, by using			^							
EF	TPS (Electronic Federal Tax Payment System) See instru			8c	\$	0.							
	_		st be completed for Part II o	-									
Under pen	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	anying schedules and statements, and to	the best o	f my knowled	ge and belief,							
			-	_	_								
Signature	nature ▶ Date ▶												