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Department of the Treasury

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

Open to Public

	nai Revenue				inspection
_		2011 calendar year, or tax year beginning 07/01/11 , and ending 06/30/			- destination
В	Check if appl		D E	nploye	er identification number
	Address cha	ange Fifty Club of Galveston		_	
	Name chang	pe Doing Business As			6105720
\equiv	•	Number and street (or P O box if mail is not delivered to street address)			ne number
\vdash	Initial return	P. O. Box 59	4	<u>.09</u>	<u>-763-8536</u>
	Terminated	City or town, state or country, and ZIP + 4			
	Amended ref	Galveston TX 77553	G Gros	s recei	ots\$ 25,819
$\overline{\Box}$	Anakastian r	F Name and address of principal officer			
	Application p	pentunig	H(a) Is this a group retu	n for af	ffiliates? Yes X No
			H(b) Are all affiliates in	cluded	yes No
			If "No," attach	a list ((see instructions)
_	Tax-exemp	ot status X 501(c)(3) 501(c) () 4 (insert no) 4947(a)(1) or 527	7		
÷			H(a) Convergence	numba	. 🖍
<u>.,</u>	Website		H(c) Group exemption		
_	Form of org		Year of formation		M State of legal domicile
	Part I	Summary			
		riefly describe the organization's mission or most significant activities			
စ္ပ		ASSISTANCE TO PEACE OFFICERS			
ğ					
Ĕ					
Š	1 2 0		EO/ of its not assets		
ဖွ		heck this box if the organization discontinued its operations or disposed of more than 2	1	_ 1	25
∞5	l	umber of voting members of the governing body (Part VI, line 1a)	-	3	25
ies	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)		4	25
₹	5 To	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Activities & Governance	6 To	otal number of volunteers (estimate if necessary)		6	0
•	7a To	otal unrelated business revenue from Part VIII, column (C), line 12	[-	7a	0
	b Ne	et unrelated business taxable income from Form 990-T, line 34	·	7b	0
_	1	,	Prior Year		Current Year
<u>a</u>	8 Cd	ontributions and grants (Part VIII, line 1h)	16,7	15	20,133
e gul⊈ Revenue	g Pr	rogram service revenue (Part VIII, line 2g)		0	0
آھ م	10 In	estment income (Part VIII, column (A), lines 3, 4, and 7d)	5,8	96	5,686
28	44 0	O===	3,0	0	3,000
	'' '	ther revenue (Part VIII, column (A), lines 5, 6d, 8¢, 9c, 10c, and 11e)	22 6		25 910
<u>, </u>		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,6		25,819
)		rants and similar amounts paid (Part IX, column (A) lines 1-3)	12,7		1,775
)	14 Be	enefits paid to or for members (Part IX, column (A) line (1)		0	0
S S	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), பிடுச்ச 5–1		<u> </u>	0
Expenses	16aPr	rofessional fundraising fees (Part IX, column (A), line 11e)		0	0
₃ ĝ	b To	otal fundraising expenses (Part IX, column (D) line 25) 2/-096			
Û	17 0	other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,7	85	13,859
)	I .	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,5	59	15,634
	1	evenue less expenses Subtract line 18 from line 12	2,0	_	10,185
7.5	g	Overlide 1000 Coperioco Capatace into 10 non into 12	Beginning of Current Ye		End of Year
ets	20 To	otal assets (Part X, line 16)	568,8		580,024
Ass	21 To	otal liabilities (Part X, line 26)		0	0
Net Assets or	22 N	et assets or fund balances Subtract line 21 from line 20	568,8	06	580,024
	Part II	Signature Block	300,0	<u> </u>	300,022
		alties of perjury, I declare that I have examined this return, including accompanying schedules and staten ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparei		іу кпо	wiedge and belief, it is
	de, correc	City and complete Declaration of preparer (other than onicer) is based on an information of which preparer	Tidas dilly knowledge		
	ļ	Jack a d'endel			
Si	gn	Signature of officer		Date	1 / 1.
He	ere	TOVED A. DUNDEE		<u> </u>	1-6-12
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date C	heck	If PTIN
Pai	id ,	Ann S. Masel, CPA	PA 11/02/12 s	elf-emp	ployed P00758150
Рιε	anarer F	Firm's name DRDA, PLLC	Firm's El		76-0229852
Us	e Only	1011 Tremont	1 11110 E1		
	- I	Colorator MY 77550	Dhare at		281-488-2022
NA-			Phone no		
	<u></u>	S discuss this return with the preparer shown above? (see instructions) work Reduction Act Notice, see the separate instructions.			Yes No
DA/		voix Reduction Act Notice, see the Separate Instructions.			Form 990 (2011)

orm 990 (2011)	Fifty Club of Gal	veston	74-6105720	Page 2
Part III Sta	atement of Program Servi			
1 Briefly describ	be the organization's mission		tho raich	
ASSISTAN	ICE TO PEACE OFFI	CERS		
2 Did the organ	nization undertake any significant p	program services during the year which	ch were not listed on the	
	90 or 990-EZ?	lula O		Yes X No
	cribe these new services on Sched nization cease conducting, or make	iule O e significant changes in how it conduc	cts, any program	
services?		•		Yes X No
	cribe these changes on Schedule organization's program service ac		argest program services, as measured by	
expenses Se	ection 501(c)(3) and 501(c)(4) orga		its are required to report the amount of	
OFFICERS	S IN GALVESTON, D	7,976 including grants of \$ E AWARDS AND HONOR ICKINSON AND TEXAS TY SHERIFF DEPARTM	CITY POLICE)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$,
ASSISTAN		CERS IN GALVESTON		,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4d Other progra (Expenses \$	im services (Describe in Schedule \$ incli	eO) uding grants of \$) (Revenue \$)
	am service expenses ▶	7,976	/ (************************************	
DAA	-			Form 990 (2011

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	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	3		_ <u>x</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>x</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	_	<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ì		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>_x</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		l	
	complete Schedule D, Part III	8_		<u> </u>
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,"			7.5
	complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		•
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,"	11a		x
L	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	I I a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	115		
·	of its total assets reported in Part X, line 169 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		x
е	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 liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	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		<u> </u>
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		.
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		\mathbf{x}
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

			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		<u>x</u>
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>x</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>x</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			7.
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization 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?	25b		x
26	If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		_
20	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,			
21	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,	<u>-</u> -		
	Part IV 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		х
b	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, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			l
	IV, and V, line 1	34		<u> </u>
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	l		-
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	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		X
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,			_~
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	13. Note: All 1 offit 330 lifets are required to complete Schedule O		•) (2011)
		1.0		ااانعاس

Form 990 (2011)

	Check if Schedule O contains a response to any question in this Part \	,			
	Check ii Scheddie O contains a response to any question in this r art v	<u> </u>	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1		103	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors an				
_	reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
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 instruc	tions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	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 ot	ther authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er financial			
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country				l
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finan				i
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a		X
р	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter training the control of th	nsaction?	5b		X
C	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 d	lid the			x
L	organization solicit any contributions that were not tax deductible?	hutiana ar	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contril	butions or	6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		100		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods			l
a	and services provided to the payor?	ioi goods	7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was			
•	required to file Form 8282?		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file	le Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	anization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	ing			ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	oring			
	organization, have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				ŀ
а	Did the organization make any taxable distributions under section 4966?		9a		\vdash
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		\vdash
10	Section 501(c)(7) organizations. Enter	1 1			ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	446			
a		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of l		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[IAV]	_		1
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	
-	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which				1
-	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scho	edule O	14b		

га	It vi Governance, management, and disclosure for each fest response to lines 2 tillough 70 below,			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S	cneal	ле	T
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI	-		_X_
<u>Sec</u>	tion A. Governing Body and Management		Yes	N.
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 25		res	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	i		
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the 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 Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	l IIa	4	
b 122	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		x
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	<u></u>		
ŭ	describe in Schedule O how this was done	12c		
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			
	independent 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			
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			İ
	organization's exempt status with respect to such arrangements?	16b	L	
	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 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization Fifty Club of Galveston PO Box 59			
~		-76	3 _ 0	526

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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 week				tion more	than on s both a		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director		a Officer		Highest compensated employee	e Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) James Albright		<u> </u>						_		
Director	1.00	X				Ш		0	0	0
(2) Eddie Barr										
Director	1.00	X	<u> </u>			Ш		0	0	0
(3) Charles Everts		l								
Director	1.00	X	-			\vdash		0	0	0
(4) Roger Ezell		l								
Director	1.00	x	<u> </u>			\vdash		0	0	0
(5) Joy Fertitta	1	l						_		_
Director	1.00	X		_	_	\vdash		0	0	0
(6) Leonard Gatson	1 00									_
Past President	1.00	X	\vdash	_	-	\vdash		0	0	0
(7) Raymond Guidry	1 00							o	o	0
Director (8) Kevin Harrington	1.00	X	_			╁				U
Director	1.00	x				1 1		o	o	o
(9) Eugene Hornstein		^		 	-	H				<u> </u>
Director	1.00	x						o	o	o
(10) Eddie Janek	1.00	1		-	-			•		
Director	1.00	x						o	o	o
(11) Leon Kaplan	1.00	1			_	1				<u> </u>
Director	1.00	x						O	o	o
(12) Rabbi Jimmy Kess	ler	╁▔		<u> </u>						
Director	1.00	$ \mathbf{x} $						0	o	o
(13) John Maisel	1	1 -				11				
Director	1.00	x						0	0	0
(14) John Mitchiner										
Director	1.00	$ \mathbf{x} $						0	0	0

Form 990 (2011)

Part VII

(A) Name and title	(B) Average hours per week (describe	bo	x, unle	ss pe	ition more rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	((F) Estimated amount of other compensation from the		
•	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1003-MISC)		organizatio and related organization	d	
(15) David E. O'Don Director	ohoe 1.00	x						0	0				0
(16) Victor Pierson													
Director	1.00	X	_		<u> </u>			0	0				<u> </u>
(17) Harry Robinson Director		_ پ						0	o				0
(18) David Tabaraco	1.00	X		-	 		_	<u> </u>					
Director	1.00	x						0	o	ĺ			0
(19)Walter Wilson								<u>.</u>					<u> </u>
Director	1.00	x						0	0				0
(20) Charles A Wort													_
Director	1.00	X	_	<u> </u>	-	ļ		0	0				<u> </u>
(21) Thomas Brooker 2nd VP	1.00			x				0	o				0
(22) Joyce Dundee	1.00			-									<u> </u>
Treasurer	1.00			x				0	0				0
(23) Susan Falgout								_	_				
President	1.00	-	ļ	X				0	0				_0
(24) Lucy Ramirez	1 00			x				0	o				0
Secretary (25)M. Sean Welsh	1.00	┢	┢	^	-	\vdash		0	<u> </u>				
1st VP	1.00	İ	ļ	x				0	O				0
1b Sub-total			<u> </u>		<u> </u>	.	•						
c Total from continuation :	sheets to Part VII,	Sect	ion /	4			•						
d Total (add lines 1b and 1	•						<u> </u>		<u> </u>	<u></u>			
			_	thos	e lis	ted a	bov	re) who received more than	ı \$100,000 ın				
reportable compensation f	rom the organization	<u>n</u> ▶	<u> </u>								$\overline{}$	'es I	
3 Did the organization list an	v former officer, du	ecto	r. or	trust	ee.	kev e	mp!	loyee, or highest compensa	ated	,			10
employee on line 1a? If "Y	es," complete Sche	dule	J for	suc	h ind	Jividu	ıal				3		<u> </u>
								on and other compensation complete Schedule J for su					
individual	iganizationo greatei	(110)	. ψ.ι	,0,00	,		٥, ١	somplete contedute a for se	011		4		x
								ny unrelated organization o	r individual		5		x
for services rendered to the Section B. Independent Cont		res,	COII	piet	e 50	neau	ie J	tor such person			3		
		ensa	ated	ınde	pend	dent o	cont	ractors that received more	than \$100,000 of				
		omp	ensa	tion	for t	he ca	elen T	dar year ending with or with		ear		(C)	
Nami	(A) e and business address						_	Descrip	(B) otton of services		Comp	(C) ensation	<u>1</u>
							┝				 		
							\vdash				 		
2 Total number of independe	ent contractors (incl	udın	g but	not	lımıt	ed to	the	se listed above) who	_ _				
received more than \$100,0	•		-						0		<u> </u>	990 /	

Pa	rt V	<u>III Staten</u>	nent of Reve	enue						
		,					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
SS	4-	Endbroted con		14-1				revenue		512, 513, or 514
T au	1a	Federated can	. •	1a		20,133				
ច្ច	D	Membership d		1b		20,133				
ξĘ	С	Fundraising ev		1c						
2	d	Related organ		1d						
Sir	е	Government grants		1e					}	
e isi	f	All other contribution	ns, gifts, grants, s not included above							
뜣욈				1f						
들	g		ns included in lines 1a	+1f \$						
Program Service Revenue Contributions, Gifts, Grants	þ	Total. Add line	es 1a-1f			<u> </u>	20,133			
ng						Busn Code				
eve	2a							 .		
è	b									
Ş.	С									
Sel	d									
ш	е									
g	f	All other progr	am service reve	enue						
<u>-</u>	g	Total. Add line	es 2a–2f			•				
	3	Investment inc	come (including	dividend	ls, intere	st,	•	·		
		and other simi	ılar amounts)			•	5,686			5,686
	4	Income from I	nvestment of ta	x-exemp	t bond pi	roceeds 🕨				
	5	Royalties				•				
			(ı) Real		(u) P	Personal				
	6a	Gross rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	ome or (loss)			>				
	7a		(i) Securities	3	(n)	Other				
		sales of assets other than inventory		Î						
	ь	Less cost or other								
		basis & sales exps								
	c	Gain or (loss)		İ						
	d	Net gain or (lo		<u> </u>		•				
	8a		om fundraising eve	ents [,		•			
Jue	-	(not including \$	•							
ě			reported on line 1c	. l						
8		See Part IV, line		″ a						
Other Revenue	b			ь						
ŏ			r (loss) from fun		events	•				
			om gaming activiti							
		See Part IV, line		~~ a						
	l h	Less direct e		ь						
			r (loss) from gar		vities	•				
			of inventory, less		VIGOS					
	liva	returns and al								
	۱ ,			a L b						
	l	Less cost of	_	ب	onton:					
	۴		r (loss) from sale		entory	Busn Code				
	44:		cellaneous Revenue			Busii Code				
	11a							 		
	b						 			<u> </u>
	C									
	d	All other rever							,	
		Total. Add lin							_	F 66.4
	12	Total revenu	e. See instruction	ns		<u> </u>	25,819	0	0	5,686

Form 990 (2011) 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 respons	e to any question in this Pa	art IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	rotai expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,775	1,775		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S 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		·		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		**		
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal	4 - 00		4 -00	
С	Accounting	1,500		1,500	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2 400		2 400	
g	Other	2,400		2,400	200
12	Advertising and promotion	300			300
13	Office expenses				· -
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	7,336	6,201	1,135	
19	Conferences, conventions, and meetings	1,330	0,201	1,133	
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
24	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 O)				
а	Printing	1,796			1,796
b	Bank Charges	257		257	
c	Filing Fees	255		255	
d	Safe Deposit Box	15		15	
_	All other expenses	13			
25	•	15,634	7,976	5,562	2,096
26			.,,,,,	2,302	

	art X	Balance Sheet	74-0103720		Page II
	41 (//	Datance Officer	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest bearing	26,548	1	31,076
	2	Savings and temporary cash investments	350,367	2	352,609
	3	Pledges and grants receivable, net		3	
	4	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	
	6	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			
s		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	l	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	h	Less accumulated depreciation 10b		10c	
	Ī	Investments—publicly traded securities	191,891	11	196,339
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	568,806		580,024
	17	Accounts payable and accrued expenses		17	· · · ·
	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	
S	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons			
iĝ		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	l	Unsecured notes and loans payable to unrelated third parties		24	
	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	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3a	28	Temporarily restricted net assets		28	_
٦	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here ▶X and			
Assets or Fund Balances		complete lines 30 through 34.		1	
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Net A	32	Retained earnings, endowment, accumulated income, or other funds	568,806		580,024
ž	33	Total net assets or fund balances	568,806		580,024
	34	Total liabilities and net assets/fund balances	568,806		580,024

Form 990 (2	011) Fifty Club of Galveston	74-6105720			Pag	ge 12
Part XI	Reconciliation of Net Assets			-		
	Check if Schedule O contains a response to any question	on in this Part XI				
1 Total r	evenue (must equal Part VIII, column (A), line 12)		1	4	25,	819
	expenses (must equal Part IX, column (A), line 25)		2		15,	
	ue less expenses Subtract line 2 from line 1		3		10,	
	sets or fund balances at beginning of year (must equal Part X, line	33 column (A))	4	568,80		
	changes in net assets or fund balances (explain in Schedule O)	00, 00141111 (71))	5			033
	sets or fund balances at end of year Combine lines 3, 4, and 5 (mi	ust equal Part X, line 33				
colum	•		6	5	80,	024
Part XII	Financial Statements and Reporting					
	Check if Schedule O contains a response to any question	on in this Part XII				
,					Yes	No
1 Accou	nting method used to prepare the Form 990 X Cash	Accrual Other				
	organization changed its method of accounting from a prior year or	checked "Other," explain in		_		
Sched	•	·				
2a Were	the organization's financial statements compiled or reviewed by an	independent accountant?		2a	x	
b Were	the organization's financial statements audited by an independent a	accountant?		2b		X
c If "Yes	" to line 2a or 2b, does the organization have a committee that ass	umes responsibility for oversight				
of the	audit, review, or compilation of its financial statements and selection	on of an independent accountant?		2c		
If the	organization changed either its oversight process or selection proce	ess during the tax year, explain in				
Sched	lule O					
d If "Yes	s" to line 2a or 2b, check a box below to indicate whether the financ	al statements for the year were				l
issued	on a separate basis, consolidated basis, or both					
	eparate basis 🔲 Consolidated basis 🔲 Both consolidated ai	nd separate basis				
3a Asar	esult of a federal award, was the organization required to undergo a	an audit or audits as set forth in				
the Si	ngle Audit Act and OMB Circular A-133?			3a		
b If "Yes	s," did the organization undergo the required audit or audits? If the o	organization did not undergo the				
require	ed audit or audits, explain why in Schedule O and describe any step	os taken to undergo such audits		3b		<u> </u>
				For	rm 99 () (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Fifty Club of Galveston

Employer identification number 74-6105720

_ [7]	art i	Reaso	on for Public Charity	Status (Ali organizations i	must co	inpiete	uns pa	ii i.) Se	e ilisti	uctioi	15.			
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	n section	170(b)(1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	\sqcap	A hospital or	r a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical res	research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's na								s name	,		
	_	city, and state												
5		•	rganization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	ш	-	tion 170(b)(1)(A)(iv). (Complete Part II.)											
6		-	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8				70(b)(1)(A)(vi). (Complete Part	на									
9	H	-		more than 33 1/3% of its supp	-	contributio	one mer	nhershir	fees :	and aro	ee			
3		_		pt functions—subject to certain						_	33			
		•		nd unrelated business taxable in		•	•							
			•	0, 1975 See section 509(a)(2).				, 110111 0	usiiiess	65				
10			<u> </u>				•							
	H	•	•	exclusively to test for public safe exclusively for the benefit of, to j	•			to carn	out the					
11		_	•	ed organizations described in se										
				he type of supporting organization					•	Section	ı			
		<u>`</u>				•	d [· ··· ∋ III–Oti	hor				
_		a Type	··	c Type III–Functiona anization is not controlled direct			L							
e		-	-	er than one or more publicly sup	-									
		or section 50	<u>-</u>	in than one of more publicly sup	ported oil	gariizatioi	13 063011	bed iii s	COHOIT	JUS(a)(''			
				rmination from the IRS that it is	a Type I	Type II	or Type I	III suppo	rtina					
f		_	check this box	mination from the IRS that it is	a Type I,	Type II, t	Ji iype i	iii Suppc	rung					
_		_		tion accomted any gift or contrib	ution from	ony of th								
g			_	tion accepted any gift or contribi	ulion non	ally of the	ie							
		following per					ا جناجه ما	\				1		T
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and								11-(1)	Yes	No		
	(III) below, the governing body of the supported organization?							11g(i)		<u> </u>				
	(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?								11g(ii)		-			
_		• •	•	** **								11g(iiı)		1
<u>h</u>				he supported organization(s)	(nu) to the o	······································	(A) Did ii	ou natifi	/m\ I	s the		(rus) A		
,		lame of supported (ii) EIN organization		(III) Type of organization (described on lines 1–9	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) is the organization in col (i) organized in the US?			(VII) Amo		
	•			above or IRC section								•		
				(see instructions))	Yes	No	Yes	No.	Yes	No				
/A\		 -			162	100	163	NO	163					
(A)														
(B)				· · ·	<u> </u>									
(6)						!								
(C)					1									
(0)														
(D)					 									
(D)														
(E)														
(- /														
					i									
Tota	al					1								

Section A. Public Support

74-6105720

Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) ▶		(a) 2007 (b) 2008		(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	16,850	16,605	28,141	16,715	20,133	98,444				
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	16,850	16,605	28,141	16,715	20,133	98,444				
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)										
6	Public support. Subtract line 5 from line 4						98,444				
Sec	tion B. Total Support										
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
7	Amounts from line 4	16,850	16,605	28,141	16,715	20,133	98,444				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,279	11,686	8,197	5,896	5,686	47,744				
9	Net income from unrelated business activities, whether or not the business is regularly carried on			_							
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						146,188				
12	Gross receipts from related activities, etc	(see instructions)				12					
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	urth, or fifth tax yea	r as a section 501	(c)(3)					
	organization, check this box and stop her		<u> </u>				•				
	tion C. Computation of Public Su	••									
14	Public support percentage for 2011 (line 6		-	n (f))		14	67.34%				
15	Public support percentage from 2010 Sch					15	60.31%				
16a	33 1/3% support test—2011. If the organ				33 1/3% or more, c	heck this	. 120				
	box and stop here . The organization qualifies as a publicly supported organization										
b	33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,										
47-	check this box and stop here. The organization qualifies as a publicly supported organization • L										
17a	10%-facts-and-circumstances test—2011. 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—2010. 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		,,				▶ □				
_	<u> </u>					edule A (Form 99)					

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 or if the organization failed to qualify under Part II.

	If the organization fails to	qualify under t	ne tests listed b	elow, please c	omplete Part II	<u>.) </u>						
Sec	tion A. Public Support											
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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)											
	tion B. Total Support											
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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											
С	Add lines 10a and 10b				<u> </u>							
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, check this box and stop her	_	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)						
Sec	tion C. Computation of Public Su		tage									
15	Public support percentage for 2011 (line 8		_	nn (fl)		15	%					
16	Public support percentage from 2010 Sch		•	(.,,		16	%					
	tion D. Computation of Investme											
 17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))											
18	Investment income percentage from 2010 Schedule A, Part III, line 17											
19a												
	-	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—2010. If the orga		_									
	line 18 is not more than 33 1/3%, check th						▶ □					
20	Private foundation. If the organization did					=	▶ □					

Schedule A (Form 990 or 990-EZ) 2011 Fifty Club of Galveston

74-6105720

Page 4

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. Also complete this part for any additional information. (See instructions).

. .

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Fifty Club of Galveston

Employer identification number 74-6105720

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Return is reviewed at board meeting before filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request.