# Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

**Open to Public** Inspection

Α	For the	2011 calenda	ir year, or tax year beginning	07-01 , <b>2011</b> ,	and ending	06-	30 , <b>20</b> 12
В	Check if a	pplicable:	C Name of organization			D Employer	identification number
	Address c	hange	Chisholm Trail 100 Club, Inc.			27-161	4760
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to stree	et address)	Room/suite	E Telephone	number
	Initial retu	ırn					
	Terminate	ed	PO Box 332				
	Amended	return	City or town, state or country, and ZIP + 4			F Group Exer	nption
	Applicatio	n pending	Burleson, TX 76097-0332			Number	•
G	Account	ting Method:	☐ Cash X Accrual Other (specify)			H Check ▶ X	if the organization is <b>not</b>
ı	Websit	e: • www.				required to attac	=
J	Tax-exe	mpt status (	check only one) - 🗴 501(c) (3) ☐ 501(c)( ) 💆 (inse	ert no.) 4947(a	)(1) or 527	(Form 990, 990-	-EZ, or 990-PF).
K	Check	if the o	rganization is not a section 509(a)(3) supporting orga	nization or section	n 527 organizati	ion <b>and</b> its gross re	eceipts are normally
	not more	e than \$50,00	00. A Form 990-EZ or Form 990 return is not required	though Form 990	)-N (e-postcard)	may be required	(see instructions). But if
	the organ	nization choos	es to file a return, be sure to file a complete return.				
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts	are \$200,000 or m	nore, or if total as	sets (Part II,	
	line 25, c	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form	n 990-EZ .			\$ 144,355
P	art I	Revenu	e, Expenses, and Changes in Net Asset	s or Fund Ba	lances (see th	ne instructions for P	art I.)
		Check if the	e organization used Schedule O to respond to any quest	tion in this Part I			<u> x</u>
	1	Contributions	s, gifts, grants, and similar amounts received			1	23,166
	2	Program serv	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	22,694
	4	Investment in	ncome	,		4	
	5a	Gross amour	nt from sale of assets other than inventory		5a		
	b	Less: cost or	other basis and sales expenses	[	5b		
R	С	Gain or (loss)	) from sale of assets other than inventory (Subtract line 5	5b from line 5a)		<u>5</u> c	:
	6	Gaming and	fundraising events				
e	а	Gross income	e from gaming (attach Schedule G if greater than				
ě		\$15,000)			6a		
n u	b	Gross income	e from fundraising events (not including \$		of contribution	ons	
e		from fundrais	ing events reported on line 1) (attach Schedule G if the	1	1		
		sum of such	gross income and contributions exceeds \$15,000)		6b	98,495	
	С	Less: direct e	expenses from gaming and fundraising events	[	6c	41,433	
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6	a and 6b and subt	ract		
		line 6c) .				60	d 57,062
			of inventory, less returns and allowances		7a		
		Less: cost of		_	7b		
	С		or (loss) from sales of inventory (Subtract line 7b from line	e 7a)	• • • • • • •	<u>7</u> c	;
	8		te (describe in Schedule O)			8	
	9						
	10		,				
Ē	11	•	to or for members			<del></del>	
х р	12						
e n	13		fees and other payments to independent contractors		• • • • • • •		-
s	14		rent, utilities, and maintenance				-
S	15		ications, postage, and shipping				
	16 17		ses (describe in Schedule O)			. —	
	17		ses. Add lines 10 through 16	<u></u>			
,	A I		r fund balances at beginning of year (from line 27, colum				40,924
N S	5					19	82,002
ťť	)	-	es in net assets or fund balances (explain in Schedule O				
		_	r fund balances at end of year. Combine lines 18 through			. —	
		1 101 U00010 UI	Taria salarioco al oria di your. Combine illico 10 lilloudi			41	

Part	Balance Sheets. (see the instructions for Part II.)	·					<u>-</u>
	Check if the organization used Schedule O to respond to a	ny question in this Part I	Ι.				<u>X</u>
				<b>(A)</b> Be	ginning of year		(B) End of year
<b>22</b> Ca	sh, savings, and investments				67,526	22	91,111
<b>23</b> Lar	nd and buildings				0	23	0
<b>24</b> Oth	ner assets (describe in Schedule O)				14,732	24	33,647
25 To	tal assets				82,258	25	124,758
26 To	tal liabilities (describe in Schedule O)				256	26	1,832
	t assets or fund balances (line 27 of column (B) must agree				82,002	27	122,926
Part	III Statement of Program Service Accomplis	shments (see the ins	structions for	Part III.)			Expenses
	Check if the organization used Schedule O to respond to a	any question in this Part	III .		<u> </u>	(Re	quired for section
What is	the organization's primary exempt purpose? Provide fina	ancial help for 1	stResponde	ers		501	(c)(3) and 501(c)(4)
Describ	e the organization's program service accomplishments for each o	f its three largest progra	m services			orga	anizations and section
	sured by expenses. In a clear and concise manner, describe the s	0 , 0				494	7(a)(1) trusts; optional
person	s benefited, and other relevant information for each program title.					for o	others.)
28 <u>Me</u>	dical expense for injured police officer						
_							
(Gr	ants \$ 1,000 ) If this amount inc	ludes foreign grants, che	eck here		▶ 📙	28a	0
29							
(Gr	ants \$ ) If this amount inc	ludes foreign grants, che	eck here		▶ 📙	29a	
30							
	,	ludes foreign grants, che	eck here		<u>▶ ⊔</u>	30a	
	1 13 11 11 (1111 11 11 11 11 11 11 11 11 11						
<u>,                                      </u>		ludes foreign grants, che				31a	
	tal program service expenses (add lines 28a through 31a)					32	0
Part							
	Check if the organization used Schedule O to respond to a	any question in this Part					
		(b) Title and average	(c) Reports		(d) Health benefit	ts,	e(e) Estimated amount o
	(a) Name and address	hours per week	(Form W-2/109		benefit plans, a		other compensation
		devoted to position	(if not paid, er	nter -0-)	deferred compens	sation	
-	G Payne	President	STMA01				
	x 332, Burleson TX 76097-0332	20		0		0	0
	Tidwell	Secretary	STMA02				
	x 332, Burleson TX 76097-0332	5		0		0	0
	t M Russell	Treasurer	STMA03				
	x 332, Burleson TX 76097-0332	10		0		0	0
	Passmore	Exec Director	STMA04				
PO Bo	x 332, Burleson TX 76097-0332	20	]	L4,400		0	0

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			П
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• • •		<u>. L.</u>
22	Did the annualization are seen in any significant activity and may be able to the IDCO If IIVe all may ide		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22		7.
24	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		Λ
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		- 25
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		22
00	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>\Delta 37a</b>	00		21
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	01.0		
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Х	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	000		
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of Robert M. Russell Telephone no.	866-8	88-30	085
		6097-	0332	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	40-		v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
12	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	
43			,	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
<del></del> a	completed instead of Form 990-EZ	44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		-23
D	completed instead of Form 990-EZ	44b		Х
_	Did the organization receive any payments for indoor tanning services during the year?	44C		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		- 25
u	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	+5a		
.5.5	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х

								_	<u> </u>	'es	No
<b>46</b> [	Did the d	organization engage, directly or indirectly, in p	political campaign activities	on behalf of	or in oppositio	n					
t		dates for public office? If "Yes," complete Sci							46		Χ
Part	VI :	Section 501(c)(3) organizations	and section 4947(a	)(1) none:	xempt cha	aritable tı	usts only	. All s	ection	1	
	Ų	501(c)(3) organizations and sectio	n 4947(a)(1) nonexe	mpt chari	table trust	s must an	swer ques	tions	47-49	b	
	á	and 52, and complete the tables for	or lines 50 and 51.								
	(	Check if the organization used Sch	nedule O to respond	to any qu	estion in tl	nis Part V	l				$\Box$
		<u> </u>	•						Y	'es	No
<b>47</b> [	Did the o	organization engage in lobbying activities or h	ave a section 501(h) electi	on in effect d	uring the tax						
		"Yes," complete Schedule C, Part II			-				47		Х
,		ganization a school as described in section 1							48		X
		organization make any transfers to an exemp		•	.dio			· ·	49a		X
		was the related organization a section 527 or	-					-	49b		
		te this table for the organization's five highest	•					٠. ٢	430		
	•	es) who each received more than \$100,000		•		•	•				
	employe	ees) who each received more than \$100,000	or compensation from the c	nganization.	ii there is noi						
	(a)	Name and address of each employee	(b) Title and average		oortable	(d) Health contribution	s to employee	(e) E	stimated	amou	unt of
		paid more than \$100,000	hours per week		ensation	benefit plans	s, and deferred	ot	ther com	oensa	tion
		,	devoted to position	(Forms W-	2/1099-MISC)	compe	ensation				
NONE								<u> </u>			
								ĺ			
								ĺ			
								ĺ			
								ĺ			
f 7	Total nu	mber of other employees paid over \$100,000									
51 (	Complet	te this table for the organization's five highest	compensated independen	t contractors	who each rec	eived more t	han				
9	\$100,00	0 of compensation from the organization. If t	here is none, enter "None."								
	·		·								-
(a) N	Name and	d address of each independent contractor paid mor	e than \$100,000	(b	) Type of servi	ce	(6	c) Comp	ensation		
-											
		mber of other independent contractors each	•								
		organization complete Schedule A? Note:		ınızatıons an	d 4947(a)(1)						
r	nonexer	npt charitable trusts must attach a completed	Schedule A					<u>X</u>	Yes		No
Under p	enalties	of perjury, I declare that I have examined this retur	n, including accompanying sch	edules and sta	itements, and to	the best of m	ıy knowledge ar	nd belief,	it is		
true, cor	rrect, and	d complete. Declaration of preparer (other than off	cer) is based on all information	n of which prep	arer has any k	nowledge.					
Sign		Robert M. Russell					10-05-	2012			
Here		Signature of officer				Date					
11010		Robert M. Russell, Treasur	er								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	(	Check if	PTIN			
Paid		Robert M Russell	obert M Russell		11-02-201	2 5	self-employed	P012	00230		
Prepar	rer	Firm's name Financial & Tax A				Firm's	EIN •				
Use O		Firm's address 564 B Hoover Road									
	•	Burleson TX 76028	-4331			Phone	no.	817-	426-01	L00	
Mav the	e IRS di	iscuss this return with the preparer shown ab					)	<b>X</b>	Yes	_	No
	<del>.</del>	and property and minds		<u> </u>	· · · · ·	<b></b>	· · · · ·				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **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

Employer identification number

2011

Open to Public Inspection

Chi	shol	m Trail 100 Clu	b, Inc.						27-16	514760			
Pa	rt I	Reason for	Public Charity	y Status (All organiza	tions must	complete th	nis part.) S	ee instructi	ons.				
The	or <u>ga</u> r	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	70(b)(1)(	A)(i).					
2		A school described i	in <b>section 170(b)(</b>	1)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	erative hospital se	rvice organization descri	bed in <b>sec</b>	tion 170(b	)(1)(A)(iii)						
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed in	section 1	170(b)(1)(	A)(iii). Ente	er the hosp	oital's na	ıme,	
	_	city, and state:											
5		An organization opera	ated for the benefit	of a college or university o	wned or op	erated by a	governme	ental unit de	escribed in				
		section 170(b)(1)(A	(Complete P	art II.)									
6		A federal, state, or lo	ocal government o	r governmental unit desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(v	·).					
7	X	An organization that r	normally receives a	substantial part of its supp	oort from a	governmen	tal unit or f	rom the ge	neral public				
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	escribed in <b>sectio</b>	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9		An organization that r	normally receives: (	1) more than 33 1/3% of its	s support fr	om contribu	utions, mer	nbership fe	es, and gro	oss			
		receipts from activitie	s related to its exem	npt functions - subject to co	ertain exce <sub>l</sub>	ptions, and	(2) no mor	e than 33 '	1/3% of its				
		support from gross in	vestment income a	nd unrelated business tax	able income	e (less sect	ion 511 tax	) from bus	inesses				
	_	acquired by the orga	anization after June	e 30, 1975. See <b>section</b>	509(a)(2).	(Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for p	public safe	ty. See <b>se</b>	ction 509(	a)(4).					
11		An organization organ	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry or	ut the				
		purposes of one or r	more publicly supp	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(	a)(2). See	section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizatio	on and com	nplete lines	s 11e thro	ugh 11h.				
		a 📙 Type I	<b>b</b> 📙 Тур	e II c	Type III-	Functionally	y integrated	t	d	Type I	II-Other		
е		By checking this box,	I certify that the org	anization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified				
		persons other than fo	oundation managers	and other than one or mo	ore publicly	supported (	organizatio	ns describ	ed in sectio	n			
		509(a)(1) or section 5	509(a)(2).										
f		If the organization red	ceived a written dete	ermination from the IRS the	at it is a Ty	oe I, Type I	I, or Type I	II supportir	ıg				_
		organization, check the	his box										∐
g		•	06, has the organiza	tion accepted any gift or c	ontribution	from any of	f the						
		following persons?											
		• • •	•	controls, either alone or tog		persons de	scribed in (	(ii)				Yes	No
		, ,		of the supported organizat	tion?						11g(i)		
		• •	er of a person descr	**							11g(ii)		
		` '		described in (i) or (ii) above							11g(iii)		
h				ne supported organization					1		1		
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the of	organization sted in your	(v) Did ye the organ			is the ion in col.		Amount upport	of
		-		above or IRC section		document?	col. (i)	of your	(i) organiz	zed in the			
				(see instructions)			·	port?		S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
<b>(D)</b>													
(B)													
(C)													
(C)													
(D)													
(ט)													
(E)													
\ <b>-</b> /													
T-4-											1		

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 qu	alify under the tests	s listed below, pleas	se complete Part III.	.)		
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				81,303	23,166	104,46
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	<b>Total.</b> Add lines 1 through 3				81,303	23,166	104,46
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 ln 4						104,469
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4				81,303	23,166	104,469
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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	<b>Total support.</b> Add lines 7 through 10 .						104,469
12	Gross receipts from related activities, etc. (se	e instructions)				12	225,659
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶⊠
	tion C. Computation of Public Su	• •					
14	Public support percentage for 2011 (line 6, co	•	1,,,			14	0.00 %
15	Public support percentage from 2010 Schedu	lle A, Part II, line 14				15	%
16a	33 1/3% support test - 2011. If the organize						
	and <b>stop here.</b> The organization qualifies a	as a publicly suppo	orted organization			• • • • • • • • •	▶∐
b	33 1/3% support test - 2010. If the organize	zation did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mor	e, check this	. 🗖
	box and <b>stop here.</b> The organization qualit	ies as a publicly s	upported organiza	tion		• • • • • • • • • • • • • • • • • • •	▶∐
17a	10%-facts-and-circumstances test - 201	<ol> <li>If the organization</li> </ol>	on did not check a	box on line 13, 16	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	his box and <b>stop h</b>	<b>nere.</b> Explain in Par	t IV how the	. —
	organization meets the "facts-and-circumstan	ces" test. The orga	nization qualifies as	a publicly supporte	ed organization		▶∐
b	10%-facts-and-circumstances test - 201	<b>0.</b> If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	his box and <b>stop h</b>	<b>nere.</b> Explain in Par	t IV how the	. —
	organization meets the "facts-and-circumstan	•			•		. =
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and see	instructions	▶□

27-1614760

# Part III Support

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 the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 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 bus. under sec 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						·
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 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						
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here			th, or fifth tax year	as a section 501(c	e)(3)	▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2011 (line 8, col	•	.,,			15	%
16	Public support percentage from 2010 Schedule					16	%
	ction D. Computation of Investmen						
17 10	Investment income percentage for 2011 (line		•	. , ,			%
18	Investment income percentage from 2010 S						%
19a	33 1/3% support tests - 2011. If the organi. 17 is not more than 33 1/3%, check this box						▶ □
	<b>33 1/3% support tests - 2010.</b> If the organiline 18 is not more than 33 1/3%, check this	box and stop her	re. The organization	n qualifies as a pu	iblicly supported or	ganization .	▶ □
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	•

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).
10% Facts and Circumstances Test (Part II, line 17a or 17b)
The Chisholm Trail 100 Club is a membership organizaion where the solicitation of dues
paying members is designed to enroll a substantial number of the Johnson County residents.
We have several levels of membership to appeal to a broad cross section of the county
population. Our activities of providing financial support to family members of Johnson
County police, firefighters and emergency medical persons who have been injured or killed
in the line of duty appeals to persons having broad common interest in the welfare of our
1st responders and their families.

### **SCHEDULE G** (Form 990 or 990-EZ)

#### Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

2011 Open to Public

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Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

Chisholm Trail 100 Club, Inc. 27-1614760 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants X Phone solicitations g X Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees Yes X No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 7 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Texas,

			sholm Trail 100 Club			1614760 Page 2
Pa	rt II	Fundraising Events. Co than \$15,000 of fundraising				
		gross receipts greater than		gioss income on Form	990-EZ, IIIIeS I and 60	. LISI EVEITIS WITH
		gross receipts greater than	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events Add col. (a) through
R			Clay Shoot (event type)	(event type)	None (total number)	col. (c)
е			(event type)	(event type)	(total number)	
v e n	1	Gross receipts	98,495			98,495
u	2	Less: Charitable contributions				
е	3	Gross income (line 1 minus				
		line 2)	98,495			98,495
			-			
	4	Cash prizes				
D						
i r	5	Noncash prizes	10,018			10,018
e c	_	Dont/forcility and to	F 106			- 106
t	6	Rent/facility costs	5,106			5,106
Ε	7	Food and beverages				
Х	-					
р е	8	Entertainment				
n s						
е	9	Other direct expenses	41,433			41,433
S	40	Direct commence of Add Free A	Lithern and O're and have a (all)			
	10 11	Direct expense summary. Add lines 4 Net income summary. Combine line 3	• , ,			( 56,557 ) 41,938
Pa	rt II					
		than \$15,000 on Form 990	-		,,,,,,,	
R			(a) Pingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
۷ ا			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	_	_				
_	1	Gross revenue				
D i r e c t	2	Cash prizes				
ė		Casii piizes				
-	3	Noncash prizes				
Expenses		· i				
p e	4	Rent/facility costs				
s e						
š	5	Other direct expenses				
		Mahada ar lah ar	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	∐ No	∐ No	No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)		<b>•</b>	
	ľ	Eliot experies summary, riad in los 2	a mought o m oolamii (a)			
	8	Net gaming income summary. Comb	ine line 1, column d, and line	97	<b>.</b>	
_	_	to the state (a) !				
9		ter the state(s) in which the organization				Yes No
á k		the organization licensed to operate ga No," explain:	_		• • • • • • • • • • • • • • • • • • • •	U Yes U No
	!					
10a	- We	ere any of the organization's gaming lic	enses revoked, suspended	or terminated during the tax y	year?	Yes No

#### **SCHEDULE L**

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2011

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Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
See separate instructions. Name of the organization

Chisholm Trail 100 Club, Inc. 27-1614760 Excess Benefit Transactions (section (501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (e) In default? (f) Approved (b) Loan to or from (c) Original (d) Balance due (g) Written the organization? principal amount by board or agreement? committee? Yes Yes No Yes No No То From Χ Χ Χ (1) None (2) (3) (4) (5) (6) (7) (8) (9) (10)**Total Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)					_	
(6) (7)						
(7) (8)						
(9)						
(10)						
Part V	Supplemental Information	on			<u> </u>	
		tional information for responses to q	questions on Schedule I	(see instructions).		

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

## 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

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Open to Public Inspection

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Chisholm Trail 100 Club, Inc. 27-1614760 01. List of grants and similar amounts paid (Part I, line 10) Activity Medical expenses Relationship none Amount 1,000 02. Description of other expenses (Part I, line 16) Description Amount Insurance 34,955 Payroll expenses 2,598 Supplies 2,902 Telephone 226 Marketing 993 1,230 Rent Contract Services 4,803 Annual Meeting 1,152 Other 2,928 03. Description of other assets (Part II, line 24) Beginning of Year End of Year Category 955 1,797 Equipment Pledges Receivable 13,680 16,550 Undeposited Funds 97 300 Reserve Funds Account 0 15,000