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DLN: 93492158002316

OMB No 1545-1150

Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax**

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

Open to Public **Inspection**

Department of the Treasury

Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning 01-01-2015 and ending 12-31-2015 Check if applicable D Employer identification number C Name of organization THE BRAZOS COUNTY A&M CLUB INC □ Address change ■Name change 74-2622787 ☐Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite ETelephone number Final return/terminated PO BOX 4 (979) 775-0336 City or town, state or province, country, and ZIP or foreign postal code FGroup Exemption COLLEGE STATION, TX 77841 Number H Check ► F if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶ www bcamc org J Tax-exempt status(check only one) - 501(c)(3) 501(c)(4) ◄ (insert no) 4947(a)(1) or 527 L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 11,793 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 179,432 2 3 Membership dues and assessments 3 4 4 19 Gross amount from sale of assets other than inventory **5**a 5a Revenue Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c c Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0 6b Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) **7**c C Other revenue (describe in Schedule O) 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 191,244 Q 9 10 Grants and similar amounts paid (list in Schedule O) . . . 10 103,383 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 1.769 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 Other expenses (describe in Schedule O) 85,528 16 16 190.680 **Total expenses.** Add lines 10 through 16 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 564 18 NetAssets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 33,831 19 Other changes in net assets or fund balances (explain in Schedule O) 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 34,395

Part II	Balance Sheets (see the instruct Check if the organization used Sched	· ·	ny question in	this Part II			
	Check if the organization used Sched	uie o to respond to a	ny question in				
22 Coch	course and investments			(A) Beginni		22	(B) End of year 34,395
	, savings, and investments and buildings				33,831	23	34,393
	rassets (describe in Schedule O)					24	
25 Total	assets				33,831	25	34,395
26 Total	$\textbf{liabilities} \ (\texttt{describe} \ \texttt{in} \ \texttt{Schedule} \ \texttt{O} \) \qquad \textbf{.}$					26	
27 Net a	ssets or fund balances (line 27 of colum	n (B) must agree with	ılıne 21)		33,831	27	34,395
	Statement of Program Servion Check if the organization used Schede organization's primary exempt purposes hand maintain scholarships for needy	lule O to respond to a	iny question in	this Part III	·r	(c)	Expenses equired for section 501 (3) and 501(c)(4) lanizations, optional for
and The A helpful ma Describe t measured	ssociation of Former Students in any wo nner that is traditional among A&M men the organization's program service acco by expenses In a clear and concise ma and other relevant information for each	orthy undertaking to to and women mplishments for each anner, describe the se	he best of our a of its three lar	bility as a Clul gest program s	ervices, as	oth	ers)
28 See Addit	ional Data Table						
(Grants \$) If this amou	ınt ıncludes foreıgn gr	rants, check he	re .	Γ	28a	
29							
(Grants \$) If this amou	nt includes foreign gr	ants, check he	re .	Г	29a	
30							
(Grants \$) If this amou	nt includes foreign gr	ants, check he	re .	Γ	30a	
31 Other p	program services (describe in Schedule	O) int includes foreign gr	canto chack ha	ro 🌬	_		
	rogram service expenses (add lines 28a				<u> </u>	31a 32	179,596
Part IV		and Key Employees (II	ıst each one even	f not compensate			ns for Part IV)
	(a) Name and title	(b) A verage	(c)Reporta	1	Health bene		(e) Estimated amount
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/: MISC) (if no enter -0-	tion co 1099- emplo t paid,	ontributions to yee benefit p and deferred ompensation	to olans	
See Addit	ional Data Table		<u> </u>	, ,	ompensation.		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Νo 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 Νo on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Νo **b** If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No." provide an explanation in Schedule O Νo Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Νo Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Νo 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Νo 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Nο **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 0 **b** Gross receipts, included on line 9, for public use of club facilities **40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under _____, section 4955 🟲 ___, section 4912 🏲__ section 4911 **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Νo c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter 41 List the states with which a copy of this return is filed Telephone no ► (979) 845-7514 **42a** The organization's books are in care of ▶ MICHAEL HARDY Located at PO Box 4 College Station, TX _ ZIP +4 🕨 77841 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Νo If "Yes," enter the name of the foreign country ▶_ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c Νo If "Yes," enter the name of the foreign country ▶_ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . and enter the amount of tax-exempt interest received or accrued during the tax year 🕨 🔼 🛂 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-F7 44a Νo b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b Nο c Did the organization receive any payments for indoor tanning services during the year? 44c Νo d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an **44**d Nο Νo **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b 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," Form 990 and Schedule R may need to be completed instead of Νo

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 74-2622787

Name: THE BRAZOS COUNTY A&M CLUB INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved manner, describe the service for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
28 Social events for Aggies and Tip Off (Grants \$ 76,213)	I their guests, such as Coach's Night, Monthly Luncheon, Christmas Party and If this amount includes foreign grants, check here ► —	28a	
DEPARTMENTAL FUNDING	XPENDED FOR THE BENEFIT OF TEXAS A&M UNIVERSITY, INCLUDING i, SCHOLARSHIPS AND OTHER PROGRAMS THAT PERPETUATE THE PRIMARY PURPOSE OF THE BRAZOS COUNTY A&M CLUB	29a	

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Jason Goodman Director	1 00	0		
Rebekah Josefy VP Membership	1 00	0		
Keith Lane Past President	1 00	0		
Mıchael Hardy President	3 0 0	0		
Amy Jones Director	1 00	0		
Katy Lane VP Finance	1 00	0		
Buck Prewitt Director	1 00	0		
Amy Thompson VP Com Outreach	1 00	0		
Lisa Thompson VP Scholarships	1 00	0		
Peri Arthur VP Records	1 00	0		
Ashley Corn VP Publicity	1 00	0		
Cameron Salome VP Programs	1 00	0		
Kate Freeman Director	1 00	0		
Sam Salvato Director	1 00	0		
Brien Smith Director	1 00	0		

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Mike Connor Director	1 00	0		
Janice Quast Director	1 00	0		

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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE BRAZOS COUNTY A&M CLUB INC
74-2622787

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name Scholarships to Brazos County Aggies Cash Amount Given \$97550
Other Expenses 1	Coach's Night \$49649
Other Expenses 2	Muster Expenses \$12442
Other Expenses 3	Luncheon Expenses \$11377
Other Expenses 4	Credit Card ADM FEE \$2699
Other Expenses 5	Administrative & Misc \$2263
Other Expenses 6	Aggie Leadoff Expenses \$1911
Other Expenses 7	OTHER EXPENSE \$1590
Other Expenses 8	Social Event Expenses \$1402
Other Expenses 9	Aggie Tip Off \$834
Other Expenses 10	STORAGE \$780
Other Expenses 11	Telephone \$581