

Form **990EZ**
 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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
BCC GOLF APPRECIATION ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
14033 TANGLEWOOD DR

City or town, state or province, country, and ZIP or foreign postal code
FARMERS BRANCH, TX 75234

D Employer identification number
81-4744115

E Telephone number
(214) 762-1414

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

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 ▶ \$ 60,231

Part I 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

	Description		Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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)	6b	60,231
c Less direct expenses from gaming and fundraising events	6c	16,172	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	44,059	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	44,059	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	58,742
	11 Benefits paid to or for members	11	539
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16 ▶	17	59,281
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,222	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	80,355
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	65,133

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	80,355	22 68,317
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	80,355	25 68,317
26 Total liabilities (describe in Schedule O).		26 3,184
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,355	27 65,133

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 TO INCREASE BCC GOLF MEMBERS ENJOYMENT OF THE FACILITY BY IMPROVING COURSE CONDITIONS AND PROVIDING OPPORTUNITIES FOR LESSONS AND GAME IMPROVEMENT TO PROMOTE THE SOCIAL INTERACTION BETWEEN BCC GOLF MEMBERS AND PROFESSIONAL STAFF TO IMPROVE THE SERVICE RECEIVED BY BCC GOLF MEMBERS BY SUPPORTING EDUCATIONAL AND TRAINING ENDEAVORS FOR THE PROFESSIONAL GOLF AND COURSE MAINTENANCE STAFFS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

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

29 See Additional Data Table **29a**

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

30 See Additional Data Table **30a**

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

31 Other program services (describe in Schedule O) **31a**

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

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(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
DAVID MCCOOL PRESIDENT	3 00	0		
KATHY MCCOOL SECRETARY	1 00	0		
JEANETTE KEITH TREASURER	1 00	0		
RUSSELL STANLEY VOLUNTEER	1 00	0		
DAVID RHEA VOLUNTEER	1 00	0		
STACY RHEA VOLUNTEER	1 00	0		
ROBERT WANDS VOLUNTEER	1 00	0		
BECKY WANDS VOLUNTEER	1 00	0		

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JEANETTE KEITH Telephone no (214) 762-1414
Located at 3410 GATWICK PLACE FARMERS BRANCH, TX ZIP + 4 75234

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2019-06-04 Date
JEANETTE KEITH TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID F MCCOOL	Preparer's signature	Date 2019-06-04	Check <input type="checkbox"/> if self-employed	PTIN P00102368
	Firm's name ▶ DAVID F MCCOOL CPA PC			Firm's EIN ▶ 82-0578950	
	Firm's address ▶ 3010 LBJ FRWY 1200 DALLAS, TX 75234			Phone no (972) 888-6042	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 81-4744115
Name: BCC GOLF APPRECIATION ASSOCIATION

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 EVENT WITH THE PROFESSIONAL GOLF STAFF MEMBERS AND GOLF PROFESSIONALS WERE ENTERTAINED AT AN EVENT HOSTED BY THE ASSOCIATION FUNDRAISERS WERE HELD TO SUPPORT THE ASSOCIATION'S MISSION AND GOALS OVER 300 MEMBERS ATTENDED</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<p>29 PROFESSIONAL GOLF STAFF MEMBERS WER REIMBURSED FOR EDUCATIONAL EXPENSES THAT IMPROVED THEIR ABIITY TO PROVIDE QUALITY SERVICE TO THE MEMBERSHIP THIRTEEN INDIVIDUALS RECEIVED THESE PAYMENTS IN 2018 AND ALL PAYMENTS WERE APPROVED BY THE BOARD OVER 1,000 MEMBERS BENEFITED FROM IMPROVED SERVICES</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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

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<p>30 LUNCHEON HELD BY THE BCC MEMBERS FOR GOLF MAINTENANCE STAFF TO ALLOW MEMBERS TO EXPRESS THEIR APPRECIATION FOR THE EXCELLENT WORK PERFORMED ON MAINTAINING THE GOLF COURSES (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>BREAKFAST WAS HELD FOR GOLFERS AND INSTRUCTIONAL STAFF TO ENJOY RADIO STATION'S GOLF SHOW BROADCAST LIVE FROM OUR CLUB</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		AUCTION PARTY (event type)	RAFFLE (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	50,600	9,631		60,231
2	Less Contributions				
3	Gross income (line 1 minus line 2)	50,600	9,631		60,231
Direct Expenses	4 Cash prizes	250			250
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,102			6,102
	8 Entertainment				
	9 Other direct expenses	9,679	141		9,820
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				44,059

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

BCC GOLF APPRECIATION ASSOCIATION

Employer identification number

81-4744115

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CASH CONTRIBUTION 18,158 CASH CONTRIBUTION 8,784 CASH CONTRIBUTION 30,800

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 3,184

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO INCREASE BCC GOLF MEMBERS ENJOYMENT OF THE FACILITY BY IMPROVING COURSE CONDITIONS AND PROVIDING OPPORTUNITIES FOR LESSONS AND GAME IMPROVEMENT TO PROMOTE THE SOCIAL INTERACTION BETWEEN BCC GOLF MEMBERS AND PROFESSIONAL STAFF TO IMPROVE THE SERVICE RECEIVED BY BCC GOLF MEMBERS BY SUPPORTING EDUCATIONAL AND TRAINING ENDEAVORS FOR THE PROFESSIONAL GOLF AND COURSE MAINTENANCE STAFFS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	EVENT WITH THE PROFESSIONAL GOLF STAFF MEMBERS AND GOLF PROFESSIONALS WERE ENTERTAINED AT AN EVENT HOSTED BY THE ASSOCIATION FUNDRAISERS WERE HELD TO SUPPORT THE ASSOCIATION'S MISSION AND GOALS OVER 300 MEMBERS ATTENDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	PROFESSIONAL GOLF STAFF MEMBERS WER REIMBURSED FOR EDUCATIONAL EXPENSES THAT IMPROVED THEIR ABILITY TO PROVIDE QUALITY SERVICE TO THE MEMBERSHIP THIRTEEN INDIVIDUALS RECEIVED THESE PAYMENTS IN 2018 AND ALL PAYMENTS WERE APPROVED BY THE BOARD OVER 1,000 MEMBERS BENEFITED FROM IMPROVED SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	BREAKFAST WAS HELD FOR GOLFERS AND INSTRUCTIONAL STAFF TO ENJOY RADIO STATION'S GOLF SHOW BROADCAST LIVE FROM OUR CLUB