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A For the 2014 calendar year, or tax year beginning 01-01-2014

As Filed Data -

DLN: 93492282007045

OMB No 1545-1150

2014

Open to Public Inspection

Form 990-EZ

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.

and ending 12-31-2014

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury

_	Address change C Name of organization Brazos County Crime Stoppers			D Employer Identification number			
Name change			Number and street (or P O box, if mail is not delivered to street address) Room/suite	74-2213878 E Telephone number			
Initial return			P O Box 2211	E relepnone number			
	ınal n/termı	unated .	Characteristic and an account of the control of the				
_		d return	City or town, state or province, country, and ZIP or foreign postal code Bryan, TX 77806	F Group Ex Number	emption 		
		on pending					
			H Check ►	▽ If the	organization is not		
G A	count	ting Method $ {f \Gamma} $			Schedule B		
I W	ebsite	: 🕨 www.crime-net	ι	J, 990-E2	Z, or 990-PF)		
J Tax	-exem	pt status(check or	nly one) - 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or 527				
K Fo	rm of	organızatıon	Corporation Trust Association Other				
			b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if				
<u> </u>			or more, file Form 990 instead of Form 990-EZ	► \$ 28 · · ·	<u>′</u>		
	rt I		Expenses, and Changes in Net Assets or Fund Balances (see the insert organization used Schedule O to respond to any question in this Part I	· · · ·	for Part 1)		
	1	Contributions	, gıfts, grants, and sımılar amounts received	[1 28,582		
en.	2	Program servi	ce revenue including government fees and contracts	[2		
	3	Membership d	ues and assessments	[3		
	4	Investment in	come	[4 45		
	5a	Gross amount	from sale of assets other than inventory				
	b	Less cost or	other basis and sales expenses	0			
Revenue	c	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	[5c		
Ŗ.	6	Gaming and fu	ındraısıng events				
	а	Gross income	from gaming (attach Schedule G if greater than \$15,000)				
	b	from fundraisii	from fundraising events (not including \$of contributions ng events reported on line 1) (attach Schedule G if the				
		-	ross income and contributions exceeds \$15,000)	0			
	C		xpenses from gaming and fundraising events	0			
			· (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
	7a		f inventory, less returns and allowances				
	b	Less cost of		0			
	C		r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8		e (describe in Schedule O)	_ }	8		
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9 28,627		
	10		milar amounts paid (list in Schedule O)	• •	10		
	11	•	to or for members		11		
۰.	12		r compensation, and employee benefits	• • •	12		
Expenses	13		ees and other payments to independent contractors	• •	13 4,275		
per	14		ent, utilities, and maintenance	• •	14		
Ě	15		cations, postage, and shipping	• •	15 76		
	16		es (describe in Schedule O)		16 36,689		
	17		s. Add lines 10 through 16	-	17 41,040		
9 E	18	·	ficit) for the year (Subtract line 17 from line 9)	٠ ٠	18 -12,413		
Assets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with				
Net			gure reported on prior year's return)		19 115,138		
Z	20	_	s in net assets or fund balances (explain in Schedule O)	· <u>·</u>	20		
	21		fund balances at end of year Combine lines 18 through 20		21 102,725 Form 990-EZ (2014)		

Form 990-EZ (2014) Part II Balance Sheets (see the	e instructions for Part II)					Page 2
Check if the organization use		any question in th	nis Pa	rt II		
		Γ	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .				114,078	22	97,940
23 Land and buildings				·	23	· · · · · · · · · · · · · · · · · · ·
24 Other assets (describe in Schedule	0)			11,797	24	10,352
25 Total assets				125,875	25	108,292
26 Total liabilities (describe in Schedule	eO)	[10,737	26	5,567
27 Net assets or fund balances (line 27	of column (B) must agree wi	th line 21)		115,138	27	102,725
Part III Statement of Program Check if the organization use	_	·		· -	 (Re	Expenses equired for section 501
What is the organization's primary exemp TO OPERATE A HOTLINE TO RECEIVE FELONS		T CRIMINAL ACT	ГІVІТ	Y OR WANTED	org	(3) and 501(c)(4) ganizations, optional for ners)
Describe the organization's program serv measured by expenses In a clear and co benefited, and other relevant information	ncise manner, describe the					
28 TO ASSIST LOCAL LAW ENFORCEM CRIMINALS BY MAKING FUNDS AVAIL RESULTING IN CRIMINAL SUSPECTS						
	hıs amount ıncludes foreıgn	grants, check here	· •	▶┌	28a	
29						
(0 1 1)				. –		
(Grants \$) If t	his amount includes foreign	grants, check here	• •	· · •	29a	
30						
(Grants \$) If t	his amount includes foreign	grants, check here	e .	▶┌	30a	
31 Other program services (describe in S	Schedule O)			,		
(Grants \$) If t	his amount includes foreign	grants, check here		▶┌	31a	
32 Total program service expenses (add		<u> </u>			32	33,094
Part IV List of Officers, Directors, To Check if the organization use						
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensatio (Forms W-2/10 MISC) (if not p	n 99-	(d) Health benefi contributions to employee benefit p and deferred	0	(e) Estimated amount of other compensation
Robert Crawford	0	enter -0-)	0	compensation		
Chairman	ľ		U			
Ron Schaefer Vice Chair	0		0			
MELANIE CAMILLE ALLEN Director	0		0			
DARWIN RYDL Treasurer	0		0			
STEVE ALLBRITTON	0		0			
Director	, and the second		U			
MARK ASHLOCK Director	0		0			
BEN FORTNER Director	0		0			
TAMERA COOKE Director	0		0			
MARK LIGHTSEY Director	0		0			
ANN SCHAEFER Secretary	0		0			
MARLA CALVIN Director	0		0			
	_	+				+

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		<u>l* </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Νo
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)			
35a	a 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)?			
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	35b		Νo
c	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		No
36	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 🕨 37a			
b	Did the organization file Form 1120-POL for this year?	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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
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 4911 ▶, section 4912 ▶, section 4955 ▶			
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		No
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 sections4912, 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			
e	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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of TREASURER Telephone no			-5785
	Located at ► PO BOX 2211 BRYAN, TX ZIP + 4	<u> 77</u>	7805	
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 account)?	42b	103	No
	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)			
С	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		. •	Г <u>—</u>
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	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			
	explanation in Schedule O	44d		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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 Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Bryan, TX 778024456 May the IRS discuss this return with the preparer shown above? See instruction No

Νo

No

Νo Νo

Νo

Νo

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As Filed Data -

DLN: 93492282007045

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number				
DIAZOS	Count	y Crime Stoppers					74-2213878				
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ons.			
		zation is not a private fo					•				
1	Γ	A church, convention									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ė	A hospital or a cooper				tion 170(b)(1)	(A)(iii).				
4	Ĭ,	A medical research or hospital's name, city,	ganızatıon ope	-				i). Enter the			
5	\vdash	An organization opera		nefit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in			
	•	section 170(b)(1)(A)			,	,					
6	\vdash	A federal, state, or loc			described in se	ection 170(b)(1)(A)(v).				
7	Ţ.	An organization that n	_	-				neneral public			
•	'	described in section 1				om a governme	incar anne or morn ene s	general public			
8	\sqcap	A community trust de				tII)					
9	\sqcap	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contril	butions, membership	fees, and gross			
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of			
		its support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) fron	n businesses			
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Par	tIII)				
10	\sqcap	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See sectior	n 509(a)(4).				
11	Γ	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fund	ctions of, or to carry o	out the purposes of			
		one or more publicly s	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check								
	_	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g									
а	ı										
Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typical supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the organization You must complete Part IV, Sections A and B.						supporting					
ь	Γ	Type II. A supporting				with its suppo	rted organization(s),	by having control or			
	•	management of the su	_	•		• • •	•	. •			
	_	must complete Part I	•								
С	ı	Type III functionally	_		•		•	grated with, its			
d	\vdash	supported organizatio Type III non-function						ianization(s) that is			
-	'	not functionally integr									
	_	(see instructions) Yo	u must comple	te Part IV, Sections A	and D, and Pai	t V.					
е	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally			
f		integrated, or Type II									
		Enter the number of se Provide the following i									
g		riovide the following i	illollilation ab	out the supported orga	iiiizacioii(s)						
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) A mount of	(vi) A mount of			
		organization	(, 21	organization	listed in your		monetary support	other support (see			
		-		(described on lines	docume		(see instructions)	instructions)			
				1-9 above or IRC							
				section (see instructions))							
				instructions))	Yes	No					
Tota	1										

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 **(d)** 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not 49,877 51,402 51,775 35,488 28,582 217,124 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities 28,000 27,282 27,649 28,527 29,183 furnished by a governmental unit to 140,641 the organization without charge 79,057 79,402 77,526 64,015 57,765 357,765 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 357,765 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 79,402 77,526 79,057 64,015 57,765 357,765 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 164 78 50 35 45 372 and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support Add lines 7 through 11 358,137 Gross receipts from related activities, etc (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 15 16

	organization, check this box and stop here			
S	ection C. Computation of Public Support Percentage		<u>'</u>	
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99 900 %	
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	99 910 %	
b	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% of and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b,	/3% or and lin	more, check this	
b	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stc in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and	public 17a, ai stop h	ly supported nd line ere.	
18	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualisupported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this bunstructions.		▶ ┌	

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctri	ıct ione)	
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 33 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492282007045

Employer identification number

OMB No 1545-0047

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Total Liabilities 1

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.

Brazos County Crime Stoppers 74-2213878 990 Schedule O, Supplemental Information Return Reference **Explanation** Other Expenses 1002 Office Expenses \$5609 Other Expenses 1003 Information Technology \$4204 Other Expenses 1007 Conferences, Conventions, and Meetings \$15601 Other Expenses 1009 Depreciation \$818 Other Expenses 1012 Insurance \$161 Other Expenses 1 REWARDS \$6300 Other Expenses 2 School crime stoppers \$1500 Other Expenses 3 Dues & Subscriptions \$1263 MISC \$1041 Other Expenses 4 Other Expenses 5 Awards \$138 Other Expenses 7 HDR REPORTS \$54 Other Assets 1003 Machinery and Equipment - Beginning \$2625 Machinery and Equipment - Ending \$1807 Accounts Receivable - Beginning \$2122 Accounts Receivable - Ending \$3937 Other Assets 1005 Prepaid Expenses and Deferred Charges - Beginning \$7050 Prepaid Expenses and Deferred Charges - Ending \$4608 Other Assets 1011 Accounts Payable and Accrued Expenses - Beginning \$2800 Accounts Payable and Accrued Expenses - Ending \$0 Total Liabilities 1001

UNCLAIMED REWARDS - Beginning \$7937 UNCLAIMED REWARDS - Ending \$5567