# Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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 and its instructions is at www.irs.gov/form990.

A	For the	2013 calendar year, or tax year beginning OCT 1, 2013 and en	iding S	EP 30, 2014			
В	Check if applicable	C Name of organization		D Employer identific	ation number		
	Addres	BRAZOS COUNTY PRECINCT 3 VFD					
	Name change	Doing Business As		74-19	974946		
	Initial return Termin ated		om/suite	E Telephone number	776-6430		
	Amend			<b>G</b> Gross receipts \$ 145,660.			
	Application	BRYAN, TX 77805-5453		H(a) Is this a group re			
	pendin	F Name and address of principal officer:DAVID DIBELLO			Yes X No		
		PO BOX 5453, BRYAN, TX 77805-5453		H(b) Are all subordinates in			
1	Tax-exe	mpt status: 501(c)(3)X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1) or [	527		ist. (see instructions)		
		e: > HTTP://WWW.PCT3VFD.COM/CONTACT.HTML		H(c) Group exemption			
		organization: X Corporation	L Year		State of legal domicile: TX		
	CHARLES CONTROL OF THE PARTY OF	Summary	12 1001	Tromadon: ==   III	Otato or logar dorinono. = ==		
	-	Briefly describe the organization's mission or most significant activities: PRIMAR	RY EX	EMPT PURPOSI	E IS TO		
Activities & Governance		FIGHT FIRES & RENDER EMERGENCY SERVICES.			10 10		
nai		Check this box  if the organization discontinued its operations or disposed	d of more	than 25% of its not as	note.		
Ver		Number of voting members of the governing body (Part VI, line 1a)			23		
ဗိ					23		
8		Number of independent voting members of the governing body (Part VI, line 1b)			0		
tie		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)			0		
ξį	6	Fotal number of volunteers (estimate if necessary)		6			
Ā		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.		
_	DI	Net unrelated business taxable income from Form 990-T, line 34		51.55			
		Contributions and areats (Do Alli)		Prior Year 172,281.	Current Year		
Revenue	8 (	Contributions and grants (Part VIII, line 1h)			145,479.		
	9	Program service revenue (Carl Wit), line 2g)		0.	0.		
Re		nvestment income (Pan VIII, selumn (A), lines 3, 4, and 7d)		7.	21.		
		Other revenue (Part V1, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		131.	160.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		172,419.	145,660.		
	13 (	Grants and similar arcents poin (Part IX, column (A), lines 1-3) Benefits paid to the members (Part IX, column (A), line 4)		0.			
	14	Benefits paid (20) for members (Part IX, column (A), line 4)		0. 0			
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professionar undraising ress (Part IX, column (A), line 11e)		0.	0.		
x	ь		).				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		213,658.	184,148.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		213,658.	184,148.		
_	19	Revenue less expenses. Subtract line 18 from line 12	*****	-41,239.	-38,488.		
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		201,744.	163,256.		
t As	21	Total liabilities (Part X, line 26)		0.	0.		
25	22	Net assets or fund balances. Subtract line 21 from line 20		201,744.	163,256.		
P	art II	Signature Block					
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of my	knowledge and belief, it is		
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledgę.	1		
		A and that		12/241	7514		
Sig	n	Signature of officer / /		Date			
He	re	DAVID DIBELLO, TREASURER					
		Type or print name and title					
1-11		Print/Type preparer's name Preparer's signature	0	late Check	PTIN		
Pai	d	WILLIAM V. MILBERGER	1	2/12/14 if self-employe	P00962478		
	parer	Firm's name MILBERGER, NESBITT & ASK L.L.P.	1	Firm's EIN	74-2075264		
	Only	Firm's address 304 POST OFFICE		THIII S EIN			
USE	Only			Phone no. (9	79) 822-0175		
				Prione no. (9			
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

	1 III Statement of Program Service Ac	complishments	74-197	4946 Page 2
	Check if Schedule O contains a response or	note to any line in this Part III		
1		ONE		
2	Did the organization undertake any significant pro-			Yes X No
	If "Yes," describe these new services on Schedule	O.		
3	Did the organization cease conducting, or make si If "Yes," describe these changes on Schedule O.	gnificant changes in how it condu	icts, any program services?	Yes X No
4	Describe the organization's program service accor Section 501(c)(3) and 501(c)(4) organizations are re-	equired to report the amount of g	rants and allocations to others, the total e	
4a	revenue, if any, for each program service reported (Code: ) (Expenses \$ 138,1	06	) (Revenue \$	
40	FIRE ASSISTANCE & EMERGEN	CY RESCUE	) (Nevenue \$	
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including gr	rants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	138,106.		
				Form <b>990</b> (2013

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Part IV Checklist of Required Schedules

O. O	Oncomist of ricquired concedures		V	Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
e.	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
100	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		(000000000	
a	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			v
18		17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
		20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

74-1974946 BRAZOS COUNTY PRECINCT 3 VFD Form 990 (2013) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX. X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M

If "Yes," complete Schedule N, Part I

Schedule N, Part II

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Part V, line 1

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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X

X

X

X

X

X

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35a

35b

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Did the organization liquidate, terminate, or dissolve and cease operations?

Part V	Statements Regarding Other IRS Filings and Tax Compli	iance	
	Check if Schedule O contains a response or note to any line in this Part V		
			1

18 Enter the number reported in Box 3 of Form 1096, Enter- of thot applicable 15 0 0 0 1 15 0 0 0 0 0 0 0 0 0 0 0 0 0						Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter o-1 find applicable   Did the organization comply with backsu withholding rules for reportable payments to vendors and reportable gaming (gamching) with reportable payments to vendors and reportable gaming (gamching) with reportable payments to vendors and reportable gaming (gamching) with reportable payments to vendors and reportable gaming (gamching) with reportable payments of the complex payments of the payme	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) with ensires?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 It at least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  8 Did the organization have unrelated business gross income of \$1,000 or more during the year?  8 Did the organization have unrelated business gross income of \$1,000 or more during the year?  9 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  9 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  9 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  9 Was the organization any total profile that are normally greater than \$100,000, and did the organization solicit any contributions for filing requirements for Form 8888-17  9 Did any taxable party notify the organization file Form 8888-17  9 Did to organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  1 FYee, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  10 If the organization solicit were very explanations and party for goods and services provided to the payor?  10 Fyrae, "did the organization formal to the during the year."  11 F		- 게임성 하나 위한 하나 U 하나 이렇게 하나 이렇게 됐다면 하나 있다면 없었다. 이번에 한 가격 위에서 맛있다면 하나 없는 가격을 했다고 하는 것이다면 하나 이렇게 하나 이렇게 하나 이렇게 하는데 하나 하네요? 아니라 하나 아니라	1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return  3b Clift the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;?  4c A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5c Business the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Business the organization and party to a prohibited tax shelter transaction?  5d Business the organization and party to a prohibited tax shelter transaction?  5d Did any taxable party notify the organization file Form 8888-17?  6c If Yes, *to line 5a of 5b, did the organization file Form 8888-17?  6d Does the organization have organization file Form 8888-17?  6d Does the organization have a post that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d Did the organization necesses apyment in excess of \$15 made party as a contribution or party for goods and services provided 7  7d Did the organization necesses apyment in excess of \$15 made party as a contribution or party for goods and services provided 7  7d Did the organization necesses apyment in excess of \$15 made party as a contribution and party for goods and services provided 7  7d Did the organization selev			eporta	able gaming			
field for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X if you have unrelated business gross income of \$1,000 or more during the year?  3a X if you have unrelated business gross income of \$1,000 or more during the year?  3a X if you have unrelated business gross income of \$1,000 or more during the year?  3a X if you have unrelated business gross income of \$1,000 or more during the year?  3a X if you have unrelated business gross income of \$1,000 or more during the year?  3a X if you have unrelated business gross income of \$1,000 or order financial account?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5b If Yes, a financial accountry if you have a bank account securities account, or other financial accounts.  5c Was the organization a party to a prohibited tax shelter transaction?  5b If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did not not a state of the organization will be promised the party or any contributions that were not tax deductibles as charitable contributions?  5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selled any outributions that were not tax deductibles as charitable contributions?  5c Diff the organization neceive a purint in exess of \$37 made party as a contribution of your party of the proparty of the proparty of the proparty of the proparty of the propartization neceived any fund, directly of indirectly, to apprend party to goods		(gambling) winnings to prize winners?			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b   Old the organization have unrelated business pross income of \$1,000 or more during the year?  3a   X    3b   If Yes, ¹ has it filled a Form 990-T for this year? If *No, ¹ to line 3b, provide an explanation in Schedule O  3b   A tany time during the calendary year, did the organization have unrelated an explanation in Schedule O  4a   At any time of the repair occurity. If *No, ¹ to line 3b, provide an explanation in Schedule O  4b   If Yes, ¹ to line the name of the foreign occurity. If *No, ¹ to line 3b, provide an explanation in Schedule O  5c   If Yes, ¹ to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c   If Yes, ¹ to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c   If Yes, ¹ to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c   If Yes, ¹ to line 5a or 5b, did the organization file Form 886-17?  6c   Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c   If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on tributions under section 170(c).  9c   Did the organization seeve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d   Did the organization seeve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d   Did the organization received a contribution of qualified intelectual property, of which it was required to file organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d   If the organizati	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b if 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O  3b A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account or the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account or the calendary year, did the organization or provide an explanation, or other financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor?  5b If 'Yes,' did the organization inclifty the donor of the value of the goods or services provided?  6c Did the organization sell, exchange, or otherwise dispose provided?  7c Did the organization motify the donor of the value of the goods or services provided?  7d If 'Yes,' indicate the number of Forms 8882 filed during the year  7d Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 serquierd, if the organization received an contribution of cars, boats, and party or indirectl		filed for the calendar year ending with or within the year covered by this return	2a	0			
33 Did the organization have unrelated business gross income of \$1,000 or more during the year? 43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See Instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See Instructions for Many to a prohibited tax sheller transaction?  5	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
bit f Yes, * has it filled a Form 990-T for his year? If *No, * to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account).  4b If Yes, * enter the name of the foreign country;  5c en instructions for filling requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6b If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  8b If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8b If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations sell, exchange, or otherwise dispose provided?  7 Organizations sell, exchange, or otherwise dispose provided?  8b If Yes, * indicate the number of Forms 8282 filed during the year  9 Did the organization received a contribution of qualified intellectual property, old the organization file a Form 8899 as required?  1c If the organization received a contribution of qualified intellectual property, old the organization file a Form 1099-C7  8b Sponsoring organizations maintaining donor advised funds and section 599(a)3 supporting organizations. Did the supporting organizations maintaining donor advised funds and section 599		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	ч		1	SANCORPORATION AND AND AND ADDRESS.	- 10		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  9a  b Did the organization make any taxable distributions under section 4966?  9a  b Did the organization make any taxable distributions under section 4966?  9a  b Did the organization make any taxable distributions under section 4966?  9a  b Did the organization make any taxable distributions under section 4966?  9a  b Did the organization make any taxable distributions under section 4966?  9a  b Did the organization make any taxable distributions under section 4966?  9a  b Did the organization senter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11b  11b  11a  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  11c  11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  11c  11a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  11c  12a  13a  13a  13a  14a  Did the organization incesed to issue qua			-	Marc -	7e	E000000000	100000000000000000000000000000000000000
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c Enter the amount of reserves on hand	b		1.00	1			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					140	-	X
						1	
	D	it res, has it filed a Form 720 to report these payments? If two, provide an explanation in Schedu	1 <del>0</del> 0 .		-		/2013

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions,

	Charles Canada C	. 000	71000000000			X
200	Check if Schedule O contains a response or note to any line in this Part VItion A. Governing Body and Management					
Sec	non A. Governing body and Management				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	23		162	140
10	If there are material differences in voting rights among members of the governing body, or if the governing	10				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		_	_
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch			5-50955		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	17	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	-	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			10-		
12	in Schedule O how this was done			12c	_	Х
13	Did the organization have a written whistleblower policy?			14		X
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approve			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
				15a	B00000000	Х
a	The organization's CEO, Executive Director, or top management official			15b		X
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment	with a			
100	taxable entity during the year?			16a	**********	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?			16b		************
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶TX					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	ole	
: T	for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10.00	
	X Own website Another's website Upon request Other (explain	in Sc	hedule (0)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		100	nd fina	ncial	
	statements available to the public during the tax year.	J. IIIICI	or interest policy, al	. o mid	, oldi	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the organiza	ation:	-	
	DAVID DIBELLO, TREASURER - 979-776-6430		oo. so or the organize		_	
	P O BOX 5453, BRYAN, TX 77805-5453					
22222	2 40 20 42			Form	990	/2013

## Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	hox	not c	Pos heck	(C) Position heck more than one ss person is both an d a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer Key employee		Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GERALD BURNETT FIRE CHIEF	15.00	х						0.	0.	0.
(2) GREG CROSS PRESIDENT	15.00	Х						0.	0.	0.
(3) ROBERT SMITH III VICE PRESIDENT	15.00	Х						0.	0.	0.
(4) DAVID DIBELLO TREASURER	30.00	Х						0.	0.	0.
(5) JENIFER HEATH SECRETARY	10.00	х						0.	0.	0 .
		-								

	Section A. Officers, Directors, True (A)	(B)	pio		((	C)		st C	(D)	(E)		(F)	-
	Name and title	Average hours per week	offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from				compensation	Reportable compensation from related	1 5	stimate mount other	of	
		(list any hours for related organizations	Individual trustee or director	al frustee		)dec	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	10	from the organization and related	
		below line)	Individual	Institutional frustee	Officer	Key employee	Highest co employee	Former			org	ganizat	ions
			_								-		- 1
			-								+		1111
							-				+		,
_											+		
1 b	Sub-total							<b>&gt;</b>	0.	0			0
d	Total (add lines 1b and 1c)							<b>&gt;</b>	0.	0	:		0
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	e liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportable		Yes	No
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for						-			17 950	3	163	Х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le c	omp	ens	ation	n and	d oth	ner compensation from		. 4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	and the second of the second				0.000	Company of the Company		A SAME OF PARTY WAS INDEED AND PARTY AND A SAME BASE.		. 5		Х
Sec 1	ction B. Independent Contractors  Complete this table for your five highest c	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsation	from	
	the organization. Report compensation for (A)		-		7.00	vith	or w	ithir	(B)			(C)	
	Name and busines	s address	N	ON]	E	-		1	Description of s	services	Comp	ensatio	n
2	Total number of independent contractors \$100,000 of compensation from the organ		not l	imite	ed to		ose II	stec	above) who received r	nore man			

BRAZOS COUNTY PRECINCT 3 VFD 74-1974946 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns b Membership dues 10 c Fundraising events d Related organizations 1d 40,781. e Government grants (contributions) f All other contributions, gifts, grants, and 104,698. similar amounts not included above ..... 9 Noncash contributions included in lines 1a-1f. \$ 145,479. h Total. Add lines 1a-1f . **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 21. 21. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses ...... c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 160. Part IV, line 18 0. b Less: direct expenses 160. 160. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses ..... c Net income or (loss) from gaming activities ..... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory .... **Business Code** Miscellaneous Revenue

332009 10-29-13

11 a

12

Form 990 (2013)

0.

181.

145,660.

0.

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

# Part IX Statement of Functional Expenses

Jecth	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	Sa .			
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
- VOIN-ALT	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	12,119.		12,119.	
13	Office expenses	12,119.		12,119.	
14	Information technology				
15	Royalties	5,210.		5,210.	
16	Occupancy	3,210.		3/210.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates	46,650.	46,650.		
22	Depreciation, depletion, and amortization	14,618.	14,618.		
23	Other expenses. Itemize expenses not covered	14,010.	14,010.		
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	27,496.	27,496.		
a	EQUIPMENT EXPENSES	21,439.	21,439.		
D	TRAINING	16,079.	16,079.		
c	MAINTENANCE & REPAIR	11,854.	20/0/5	11,854.	
d	0777 0011 O	28,683.	11,824.		
e		184,148.	138,106.		
25	Total functional expenses. Add lines 1 through 24e	104,140.	130,100	10/012	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 /2013

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 11,129. 710. 1 Cash - non-interest-bearing 9,082. 7,204. Savings and temporary cash investments 2 2 379. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 292,648. basis. Complete Part VI of Schedule D ........ 10a 147,725. 191,573. 144,923. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments · publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 163,256. 201.744. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets ..... 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 163,256. 201,744. 32 Retained earnings, endowment, accumulated income, or other funds 32 201,744. 163,256. 33 Total net assets or fund balances 163,256. 201,744. Total liabilities and net assets/fund balances ...

rorm	1990 (2013) BRAZOS COUNTI FRECINCI S VID	14-131	4740	Pa	ge IZ
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	NEW HOLD W. 1970 2,004 1,000 1970 2000 197 (2000)	29	1.41		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			60.
2	Total expenses (must equal Part IX, column (A), line 25)	2			48.
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	1,7	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1145 (0000)	200 1000	
	column (B))	10	16	3,2	56.
Pa	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a	0000000000	Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		-		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
	or addition explain thing in controlled or and describe any steps taken to undergo soon additis			990	(2013)
			. 01111		1-010)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

BRAZOS COUNTY PRECINCT 3 VF

Employer identification number

	BRAZOS COUNTY PRECINCT 3 VFD	74-1974946
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 4 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	tion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or number Parts I and II.	more (in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and I	ion of the greater of (1) \$5,000 or (2) 2%
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ons of more than \$1,000 for use exclusively for religious, charitable, scientific, liter of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or use exclusively for religious, charitable, etc., purposes, but these contributions ecked, enter here the total contributions that were received during the year for an of complete any of the parts unless the <b>General Rule</b> applies to this organization able, etc., contributions of \$5,000 or more during the year	did not total to more than \$1,000.  n exclusively religious, charitable, etc., because it received nonexclusively
Caution. An organization	on that is not covered by the General Rule and/or the Special Rules does not file S	Schedule R /Form 990, 990-F7, or 990-P5)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

## BRAZOS COUNTY PRECINCT 3 VFD

74-1974946

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRAZOS CO ESD	_	Person X Payroll
	7231 MESCO DRIVE	\$\$97,809.	Noncash (Complete Part II for
	BRYAN, TX 77802	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRAZOS COUNTY	_	Person X Payroll
	1673 BRIARCREST DRIVE, SUITE A-101	\$29,000.	Noncash
	BRYAN, TX 77802	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TEXAS FOREST SERVICE		Person X Payroll
	301 TARROW, SUITE 364	_ \$11,781.	Noncash (Complete Part II for
	COLLEGE STATION, TX 77840	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

**Employer identification number** 

# BRAZOS COUNTY PRECINCT 3 VFD

74-1974946

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) Date red (see instructions)			
_		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
_		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		<b>s</b>			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		<b> \$</b>			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		

Name of orga			Employer identification number  74-1974946
Part III		e following line entry. For organizations, contributions of \$1,000 or less for	c)(7), (8), or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	ft  Relationship of transferor to transferee

#### SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

BRAZOS COUNTY PRECINCT 3 VFD

Employer identification number 74-1974946

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
~~	impermissible private benefit?		Yes No
Рa	t II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	***************************************	2a
b	Total acreage restricted by conservation easements	***************************************	2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	nt and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		A STATE OF THE STA
2	If the organization received or held works of art, historical trea		
1776	the following amounts required to be reported under SFAS 11		pennin Tanggan 1 (TAN) A. W. 100 Fr
2	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		
	nooto moladed in Form ood, Fait A		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	collections of A		cal Treas	ures. or O	ther S	imilar Asse	ets(conti	nued)	290 ==
	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition	d	Loar	n or exchang	e programs					
b	Scholarly research	e								
c	Preservation for future generations		# JB 5808	2002						
4	Provide a description of the organization's co	ollections and explain	n how they f	urther the or	ganization's	exempt	purpose in Pa	rt XIII.		
	During the year, did the organization solicit of				×= 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
	to be sold to raise funds rather than to be m							Yes		No
	t IV Escrow and Custodial Arran	THE RESIDENCE OF THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE					line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for conf	tributions or	other assets	not inclu	uded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:		_				
								Amour	nt	
c	Beginning balance					L	1c			
d	Additions during the year						1d			
е	Distributions during the year	************					1e			
f	Ending balance	**************				L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIII.							*******		
Par	t V Endowment Funds. Complete	f the organization an	swered "Ye	s" to Form 9	90, Part IV, lin	ne 10.				
		(a) Current year	(b) Prior	year (c)	Two years bac	k (d) T	hree years back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, c	olumn (a)) he	eld as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held and a	dministered f	or the o	rganization			,
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment fund	ds.						
Par	t VI Land, Buildings, and Equipm									
020000000	Complete if the organization answere	ed "Yes" to Form 990	, Part IV, lin	e 11a. See F	orm 990, Part	t X, line	10.			
	Description of property	(a) Cost or o		(b) Cost or o basis (oth	7/2	deprec	A	(d) Boo		
1a	Land			59,	400.			5	9,4	100.
b	Buildings									
c	Leasehold improvements								-	
d	Equipment									
е	Other	9.9hbyh		233,	248.	14	7,725.			523.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990. Par	X, column	B), line 10(c)	.)			14	14,9	923.

Schedule D (Form 990) 2013

Company of the Compan	(Form 990) 2013 DRAZOS COUNT	I PRECINCI	3 VID	74-13/4340 Page
Part VII	Investments - Other Securities.	5 000 B + N/ E	441 0 . F 000 D . 4 V E	- 10
(a) Descript	Complete if the organization answered "Yes" to tion of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
Control of the same	or the country of the country of the	(b) Book value	(c) Method of Valuation:	Cost or end-or-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" to			
	(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, lir	ne 11d. See Form 990, Part X, lir	ne 15.
		escription		(b) Book value
(1)				
(2)				*
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) (C) (C) (B) (i	15\		_
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)	***************************************	
FallA		- F 000 D-+ IV II	11 116 C F 000 P-	od V line 25
	Complete if the organization answered "Yes" to  (a) Description of liability	o Form 990, Part IV, III	(b) Book value	Irt A, line 25.
1.			(b) Book value	
	leral income taxes			
1.7				
(2)				
(2)				
(2)				
(2)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Par	Reconciliation of Revenue per Audited Financial Stat		nue per Return.
61	Complete if the organization answered "Yes" to Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
a	Net unrealized gains on investments		
ь	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
D	Other (Describe in Part XIII.) Add lines 4a and 4b		
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
********	t XII Reconciliation of Expenses per Audited Financial Sta	tomonte With Evn	proce per Poturn
	Complete if the organization answered "Yes" to Form 990, Part IV, line		erises per neturn.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************	
a	Donated services and use of facilities	2a	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	CONTRACTOR OF THE PROPERTY OF	
2727	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		
Par	t XIII Supplemental Information.		
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
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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

Inspection

Name of the organization

BRAZOS COUNTY PRECINCT 3 VFD

Employer identification number 74-1974946

FORM 990 DART VI SECUTION B TIME 11.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THIS IS A VOLUNTEER ORGANIZATION WITH ALL MEMBER	RS HAVING EQUAL
VOTING RIGHTS	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: VFD #3 MAINTAINS AN INTERNET SITE WHICH THE PUBL	LEC CAN ACCESS
THAT REFLECTS THIS INFO AS WELL AS TAX RETURNS AND FINANCIALS	3
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
MISC.:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	10,570
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	10,570
VEHICLE FUEL:	
PROGRAM SERVICE EXPENSES	9,534
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	9,534
DUES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	5,215
FUNDRAISING EXPENSES	0
TOTAL EXPENSES  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O	5,215 (Form 990 or 990-EZ) (2013

Asset No.	Description	Dat Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
3	EQUIPMENT * 990 PAGE 10 TOTAL	080	5 1 1	SL	5.00	16	233,248.			233,248.	101,075.		46,650.
	OTHER						233,248.		0.	233,248.	101,075.	0.	46,650.
1	PROGRAM SERVICES BUILDING - FIRE STATION #3	040	907	L			59,400.			59,400.			0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						59,400.		0.		0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						292,648.		0.	292,648.	101,075.	0.	46,650.
	*												

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BRAZOS COUNTY PRECINCT 3 VFD	74-1974946
FORM 990:	
TOTAL REVENUE	145,660.
TOTAL EXPENSES	184,148.
EXCESS <deficit></deficit>	-38,488.
BEGINNING NET ASSETS	201,744.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS	163,256.
BALANCE SHEET ANALYSIS	
ENDING TOTAL ASSETS	163,256.
ENDING TOTAL LIABILITIES	0.
ENDING TOTAL NET ASSETS OR FUND BALANCES	163,256.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0.