### 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.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021 C Name of organization D Employer identification number BRAZOS COUNTY PRECINCT 3 VFD Name change 74-1974946 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 979-776-6430 P O BOX 5453 term ated 186,167. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BRYAN, TX 77805-5453 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: DAVID DIBELLO for subordinates? pending PO BOX 5453, BRYAN, TX77805-5453 H(b) Are all subordinates included? Yes \_\_\_ 501(c)(3) X 501(c)( 4 ) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► HTTP://WWW.PCT3VFD.COM/CONTACT.HTML H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 1975 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: PRIMARY EXEMPT PURPOSE IS TO Activities & Governance FIGHT FIRES & RENDER EMERGENCY SERVICES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 23 3 Number of independent voting members of the governing body (Part Vi, line 1b) 23 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 306,257 186,117. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 0. 0. 50. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 183. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 306,440, 186,167. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ....... 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 206,351. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 201,313. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 201,313 206,351. 19 Revenue less expenses. Subtract line 18 from line 12 105,127. -20,184. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 257,596 237,412. 21 Total liabilities (Part X, line 26) 0. Net assets or fund balances. Subtract line 21 from line 20 596. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here DAVID DIBELLO, Type or print name and title Date Print/Type preparer's name PTIN Preparer's signature Paid MILBERGER 01/06/22 self-employed WILLIAM V. MILBERGER WILLIAM V. P00962478 Preparer Firm's name MILBERGER, NESBITT & ASK L.L.P. Firm's EIN > 74 - 2075264Use Only Firm's address 

3833 SOUTH TEXAS AVENUE, SUITE 240 BRYAN, TX 77802-4015 822-0175

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

# Form 990 (2020) BRAZOS COUNTY PRECINCT 3 VFD Part IV Checklist of Required Schedules

				T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	21
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 22	
	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	-		25
•	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			21
	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 donor-restricted endowments			
	or in 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
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		X
	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			.,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	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		22
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		25
	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		- 44
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (2020) BRAZOS COUNTY PRECINCT 3 VFD 74-19	974946	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	led		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M		-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	2- 27		
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	20120-221		
07	If "Yes," complete Schedule R, Part V, line 2	36	-	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	X	
	Check if School do Contains a viscous available to a visit in this Data V			
	Check if Scriedule O contains a response or note to any line in this Part V		T	T
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	Yes	No

(gambling) winnings to prize winners? 032004 12-23-20

Form **990** (2020)

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

					Yes	No		
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	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)						
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	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	accou	unt)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	janization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts					
	were not tax deductible?			6b	and the second			
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the payor?	7a		X		
b	5.000 to 50.000 (10.00			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		***************************************			37		
	to file Form 8282?	1	Τ	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1 2 2	7e				
e	<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> </ul>							
	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-C?							
8								
•								
9								
а	Did the consequence of the conse			9a	Caraca Contract the	indicases a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	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						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I	1					
	organization is licensed to issue qualified health plans	13b						
1/10	Enter the amount of reserves on hand					37		
14a				14a		X		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunity.			14b		-		
	excess parachute payment(s) during the year?			45		v		
	If "Yes," see instructions and file Form 4720, Schedule N.			15		X		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inc	ome?	16		y		
	If "Yes," complete Form 4720, Schedule O.	THE ITIES	JIII⊖ (	16		X		

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		х
2	Officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			- 21
3		_		Х
4	of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Α
566	tion B. Policies (This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		- 22
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a		12a		Х
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	, = 10		
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	DAVID DIBELLO, TREASURER - 979-776-6430			
	P O BOX 5453, BRYAN, TX 77805-5453			

# 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any 를		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) JASON WARE FIRE CHIEF	15.00	х						0.	0.	0
(2) GREGORY CROSS	15.00	Λ						0.	0.	0.
PRESIDENT		Х						0.	0.	0.
(3) JOSHUA MOORE	15.00									•
VICE PRESIDENT (4) DAVID DIBELLO	30.00	X				-		0.	0.	0.
TREASURER	30.00	х						0.	0.	0.
(5) JESSICA EDDY	10.00									
SECRETARY		X						0.	0.	0.
						-				
9 0										
* 9										

032007 12-23-20

	1990 (2020) BRAZOS CO									74-197	474	0 1	age o
Pal		ees, Key Employees, and Highest Compensated Employees (continued)								T			
	(A) Name and title	(B) Average	(do	(C) Position (do not check more than one				one	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated		
		hours per week					is bot or/trus		compensation from	compensation from related	amount of other		
		(list any	ector						the	organizations	1	mpens	
		hours for related	Individual trustee or director	93			sated		organization	(W-2/1099-MISC)		from th	
		organizations	trustee	al trust		ee/	mpens		(W-2/1099-MISC)			rganiza .nd rela	
		below	idual t	Institutional trustee	er	Key employee	Highest compensated employee	ner			- 1	ganizat	
		line)	Indi	Instil	Officer	Key 6	High	Former	. *				
											-		
			_										
							-						
							-				_		
1b	Subtotal								0.		) .		0.
Q C	Total from continuation sheets to Part V  Total (add lines 1b and 1c)								0.		) .		0.
2	Total number of individuals (including but r							no re			•		- 0 .
	compensation from the organization											T.V.	0
0	Did the experimetion list and former officers	allina adam diminada	1		1			e la la	T	Territoria		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s							_	nest compensated emp		3		X
4	For any individual listed on line 1a, is the su										. 3		1 22
	and related organizations greater than \$15										. 4		X
5	Did any person listed on line 1a receive or												
500	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J f	or st	uch	pers	son .				. 5		X
1	Complete this table for your five highest co	mnensated in	done	nde	nt c	onti	racto	re t	hat received more than	\$100,000 of compo	nontin	from	
•	the organization. Report compensation for										risatioi	HOIH	
	(A)								(B)			(C) ensatio	
	Name and business address NONE Description of services							COM		<del></del>			
								-					
												****	
	,												
2	Total number of independent contractors (i		ot lii	mite	d to	tho	se lis	sted	l above) who received m	ore than			
	\$100,000 of compensation from the organi	zation 🕨				(	0						

	990 (2 <b>t VII</b> I		NTY	PRECINC'	r 3 VFD		74-1974	946 Page 9
		MANAGE TO A CONTROL OF THE CONTROL O			a in this Davi VIII			
		Check if Schedule O contains a resp	onse d	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above 1f  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f  All other program service revenue	\$	182,097. 4,020.  Business Code	186,117.			
	3 4 5	Total. Add lines 2a-2f  Investment income (including dividends other similar amounts)  Income from investment of tax-exempt to Royalties	intere	est, and	50.			50.
	6 a b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c		(ii) Personal				
evenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	rities	(ii) Other				
Other Rev	8 a	Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	. 8a					
	С	Less: direct expenses	ents e	<b>&gt;</b>				
			9b					
	b	Gross sales of inventory, less returns and allowances  Less: cost of goods sold  Net income or (loss) from sales of invent	10a					
Miscellaneous Revenue	11 a b c	Thet income of (loss) from sales of invent		Business Code				
Mis	d	All other revenue						

50.

0.

186,167.

e Total. Add lines 11a-11d

Total revenue. See instructions

0.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D:	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	****			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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	5 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	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		84 (1 1905) 2 Promise 8 (1 1 28 Am 1935) consist (10 18 A 1905) 1977 (1975) 1975 (1975) 1974		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	760.		760.	
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,	1			
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	15 206		15 206	
13	Office expenses	15,306.		15,306.	
14	Information technology	1,312.		1,312.	
15	Royalties	10 600		10 600	
16	Occupancy	10,690.		10,690.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
	Payments to offiliates				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	51,059.	F1 0F0		
23		29,062.	51,059. 29,062.		
24	Other expenses. Itemize expenses not covered	49,004.	43,002.		
£.*T	above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT & SUPPLIES EX	30,995.	30,995.		
b	MAINTENANCE & REPAIR	26,884.	50,995.	26,884.	
c	VEHICLE FUEL	9,611.	9,611.	20,004.	
d	MEMBERS HEALTH AND PHYS	8,420.	9,011.	8,420.	
	All other expenses SEE SCH O	22,252.	11,596.	10,656.	
25	Total functional expenses. Add lines 1 through 24e	206,351.	132,323.	74,028.	0
26	Joint costs. Complete this line only if the organization	200,331.	104,343.	74,040.	U
20	reported in column (B) joint costs from a combined		· .		
	educational campaign and fundraising solicitation.				
03201	Check here if following SOP 98-2 (ASC 958-720)  12-23-20				Form <b>990</b> (2

032010 12-23-20

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		7,600.	1	9,513	
	2	Savings and temporary cash investments		35,513.	2	34,747	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disqual	ified persor	ns (as defined			
		under section 4958(f)(1)), and persons describe	d in section	n 4958(c)(3)(B)		6	NOTES AND A PERSON AND AND A STATE OF THE ST
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ž	9	Prepaid expenses and deferred charges			833.	9	11
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	572,404.			
	b	Less: accumulated depreciation		379,263.	213,650.	10c	193,141
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			257,596.	16	237,412
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
es	22	Loans and other payables to any current or form	ner officer,	director,			
=		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate			-	24	
13	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X			
		of Schedule D				25	
-+	26	Total liabilities. Add lines 17 through 25			0.	26	0
SS		Organizations that follow FASB ASC 958, che	eck here				
2	07	and complete lines 27, 28, 32, and 33.					
Sala	27	Net assets without donor restrictions				27	
<u> </u>	28	Net assets with donor restrictions				28	
Ž		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🛣			
ъ I	00	and complete lines 29 through 33.					
sta	29 20	Capital stock or trust principal, or current funds			0.	29	0
488		Paid-in or capital surplus, or land, building, or ed			0.	30	0
*	31	Retained earnings, endowment, accumulated in	come, or o	tner funds	257,596.	31	237,412
	32	Total liabilities and and acces			257,596.	32	237,412
	33	Total liabilities and net assets/fund balances			257,596.	33	237,412

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

### 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.

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

OMB No. 1545-0047

Employer identification number

2020

74-1974946 BRAZOS COUNTY PRECINCT 3 VFD Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 4) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

BRAZO	S COUNTY PRECINCT 3 VFD	74	-1974946
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$126,272.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 29,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$ 26,825.	Person X 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 Noncash (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### BRAZOS COUNTY PRECINCT 3 VFD

74-1974946

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 4 Name of organization Employer identification number BRAZOS COUNTY PRECINCT 3 VFD 74-1974946 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

BRAZOS COUNTY PRECINCT 3 VFD

Employer identification number 74-1974946

Par	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the							
L	organization answered "Yes" on Form 990, Part IV, line	e 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	d funds							
	are the organization's property, subject to the organization's									
6	Did the organization inform all grantees, donors, and donor a									
	for charitable purposes and not for the benefit of the donor o									
	impermissible private benefit?									
Pai										
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).								
	Preservation of land for public use (for example, recrea		historically important land area							
	Protection of natural habitat		certified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	f 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	ucture included in (a)	2c							
d	Number of conservation easements included in (c) acquired a	re								
	listed in the National Register		2d							
3										
	year >									
4	Number of states where property subject to conservation eas									
5	Does the organization have a written policy regarding the per									
	violations, and enforcement of the conservation easements it		Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year							
	<b>S</b>		V/4V/DV/3							
8	Does each conservation easement reported on line 2(d) above									
0	and section 170(h)(4)(B)(ii)?									
9	balance sheet, and include, if applicable, the text of the footr	· · · · · · · · · · · · · · · · · · ·								
	organization's accounting for conservation easements.	iote to the organization's illiancial statemen	its that describes the							
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Otl	her Similar Assets.							
	Complete if the organization answered "Yes" on Form		nor ommar Addata.							
1a	If the organization elected, as permitted under FASB ASC 95		nd halance sheet works							
ia	of art, historical treasures, or other similar assets held for pub									
	service, provide in Part XIII the text of the footnote to its finar		er beerstresses bot. • stendert							
h	If the organization elected, as permitted under FASB ASC 95									
	art, historical treasures, or other similar assets held for public									
	provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,							
	(i) Revenue included on Form 990, Part VIII, line 1		\$							
	(ii) Assets included in Form 990, Part X									
2	If the organization received or held works of art, historical tre									
_	the following amounts required to be reported under FASB A		94, 5.04.00							
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$							
b	Assets included in Form 990, Part X									
LHA	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020							

Schedule D (Form 990) 2020

193,141

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o			1974940 Tago
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		(4)	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D 1 N/ I'	44 . O F	
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation: Cost or end-	of vear market value
	(b) Book value	(c) Method of Valuation. Cost of end-	Oryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.		Language and a company of the control of the contro	
Complete if the organization answered "Yes" of	n Form 990 Part IV lin	e 11d See Form 990 Part X line 15	
	escription	5 11d. 666 1 61111 666,1 d. (2), iii 6 16.	(b) Book value
(1)			()
(2)	<del>/</del>		
(3)			
(4)			
(5)	00000000000000000000000000000000000000	***************************************	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
	n Form 000 Dart IV !!-	o 11e er 11f See Ferry 000 Deat V Barros	
Complete if the organization answered "Yes" of a Description of liability	n Ponn 990, Part IV, lin	e The Or TH. See Form 990, Part X, line 25.	(b) Book value
			(b) BOOK Value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide to			
organization's liability for uncertain tax positions under l	ASB ASC 740. Check	here if the text of the footnote has been pro	vided in Part XIII

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
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:	7 7		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pai	rt XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			
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:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	A SELECTION OF THE SELE			
	Add lines 4a and 4b			
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4. Dort IV lines 1h and Oh.	Dort V. line 4: Dort V. line 0: Dort VI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		rait v, line 4, rait A, line 2, rait Ai	,
	20 and 45, and 1 art An, into 2d and 45. Also complete this part to provide a	arry additional information.		
	2.9 (a) X (b) (a)			

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization 74-1974946 BRAZOS COUNTY PRECINCT 3 VFD FORM 990, PART VI, SECTION B, LINE 11B: THIS IS A VOLUNTEER ORGANIZATION WITH ALL MEMBERS HAVING EQUAL VOTING RIGHTS. FORM 990, PART VI, SECTION C, LINE 19: VFD #3 MAINTAINS AN INTERNET SITE WHICH THE PUBLIC CAN ACCESS THAT REFLECTS THIS INFORMATION AS WELL AS TAX RETURNS AND FINANCIALS FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: DUES & CERTIFICATIONS: 0. PROGRAM SERVICE EXPENSES 8,242. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 8,242. TOTAL EXPENSES TRAINING: 6,978. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 6,978. COMMUNICATIONS: 3,396. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. 0. FUNDRAISING EXPENSES 3,396. TOTAL EXPENSES

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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

Name of the organization  BRAZOS COUNTY PRECINCT 3 VFD	Employer identification number 74-1974946
Didizion County Filactives 5 VID	/ 1 19 / 19 10
MISC. EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,414.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,414.
SIGN & NEWSLETTERS EXPENSES:	
PROGRAM SERVICE EXPENSES	1,222.
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,222.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 22,252.

# **4562**

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

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990

OMB No. 1545-0172
2020
Attachment

Attachment Sequence No. **179** 

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BR <i>I</i> <b>Pa</b> i	AZOS COUNTY PRECINC! rt   Election To Expense Certain Prope	r 3 VFD	FC	RM 990 P.	AGE 10	V before v	74-1974946
		rty Under Section 17	y Note: If you have any	listed property, o	complete Part		
							1,040,000.
	otal cost of section 179 property place						0 500 000
	Threshold cost of section 179 property						2,590,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0				
5	Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filing separately,	see instructions			
6	(a) Description of pro-	operty	(b) Cost (bu	isiness use only)	(c) Elected c	ost	
7 L	isted property. Enter the amount from	line 29		7			
8	Total elected cost of section 179 prope	erty. Add amounts	in column (c), lines 6 a	nd 7		8	
9 7	Tentative deduction. Enter the smaller	of line 5 or line 8				9	
	Carryover of disallowed deduction from						
	Business income limitation. Enter the s						
12 5	Section 179 expense deduction. Add li	ines 9 and 10, but	don't enter more than	ine 11		12	
	Carryover of disallowed deduction to 2						
	: Don't use Part II or Part III below for						
Pa	rt II Special Depreciation Allowa	nce and Other D	epreciation (Don't incl	ude listed proper	ty. <b>)</b>		
14 5	Special depreciation allowance for qua						
	he tax year				-	14	
	Property subject to section 168(f)(1) ele						
						16	51,059.
	rt III MACRS Depreciation (Don't						
		· · · · · · · · · · · · · · · · · · ·	Section A	<u></u>			
17 N	MACRS deductions for assets placed i	in service in tay ve		720		17	
	f you are electing to group any assets placed in ser					i li	
10			e During 2020 Tax Yea			tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
C	7-year property						
d	10-year property						
<u>ч</u> е	15-year property			<del></del>			
f	20-year property				-		
	25-year property			25 yrs.		S/L	
g	20 year property				NANA		
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
	Castian C. Assault F	/ /	D : 0000 T W		MM	S/L	
		Placed in Service	During 2020 Tax Year	Using the Alteri	native Deprec		stem
<u>20a</u>	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
	rt IV Summary (See instructions.)						
21 l	Listed property. Enter amount from line	e 28				21	
22	Total. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column	(g), and line 21.			
	Enter here and on the appropriate lines				r	22	51,059.
	or assets shown above and placed in						
	portion of the basis attributable to sect	tion 263A costs		23			

Form	1 4562 (2020)	BRA	ZOS COU	NTY	PREC	INCT	' 3 V	FD				74-	1974	946	Page 2
Pai	rt V Listed Proper	ty (Include au	utomobiles, ce	rtain oth	ner vehic	les, cer	tain aircr	aft, an	nd propert	y used 1	or				
	entertainment, <b>Note:</b> For any	vehicle for wi	hich you are u	sing the	standar	d mileag	ge rate o	r dedu	ucting leas	se expei	nse, com	plete <b>o</b> r	<b>ıly</b> 24a,		
	24b, columns (	(a) through (c	) of Section A	all of S	ection B	, and Se	ection C	if appl	licable.						
	<del></del>		on and Other					_							7
24a	Do you have evidence to s	1		nt use cla	aimed?	<u> </u>	es	No	24b If "Y	T		nce writ	ten? L	Yes L	No
	(a)	(b) Date	(c) Business/		(d)	Bas	(e) sis for depre	ciation	(f)	1	(g)		(h)		(i) cted
	Type of property (list vehicles first)	placed in	investment	ot ot	Cost or her basis		siness/inve	stment	Recovery period		ethod/ vention		eciation luction	sectio	n 179
		service	use percentag	16			use only							CC	ost
	Special depreciation all						×								
	used more than 50% in										. 25				
26 F	Property used more that	n 50% in a q	ualified busine	ess use:											
		1 1	9	-											
			9						ļ						
		<u> </u>	9												
27 F	Property used 50% or le	ess in a quali	fied business	use:											
		1 1 1 1		6					-	S/L -		-			
		1 1		6						S/L -		-			
				6						S/L·					
28 /	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 21	, page 1				. 28				
29 /	Add amounts in column	ı (i), line 26. E	nter here and	on line	7, page	1							29		
			S	ection I	B - Infor	mation	on Use	of Vel	nicles						
Com	plete this section for ve	ehicles used	by a sole prop	rietor, p	artner, o	r other	"more th	an 5%	owner,"	or relate	d persor	n. If you	provided	l vehicle:	3
to yo	our employees, first ans	wer the ques	stions in Section	on C to s	see if you	u meet a	an excep	tion to	o complet	ing this	section f	or those	e vehicles	S.	
				(	a)		b)		(c)	1	(d)		(e)	(1	
	Total business/investment			Veh	nicle	Ve	hicle	\ \\	/ehicle	Ve	hicle	Ve	hicle	Veh	icle
	ear ( <b>don't</b> include commu											-			
	Total commuting miles														
32	Total other personal (no	ncommuting	ı) miles												
C	driven														
	Total miles driven durin														
	Add lines 30 through 32														
	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?						-			-	-				
	Was the vehicle used p														
	than 5% owner or relate				-		-	-		-	-	-	-		
	s another vehicle availa	the same of the same													
	use?														
			<ul> <li>Questions f</li> </ul>		-					-					
	wer these questions to			xceptior	n to com	pleting	Section	B for v	ehicles us	sed by e	mployee	s who a	aren't		
-	than 5% owners or re					-									Т
	Do you maintain a writte		1.5											Yes	No
00 5	employees?														
	Do you maintain a writte									-	-				
	employees? See the ins														-
39 [	Do you treat all use of v	enicles by er	nployees as p	ersonal	use?										-
	Do you provide more th														
44 5	the use of the vehicles,	and retain th	e information	received	17										-
	Do you meet the require														
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	te Sect	ion B for	the c	overed ve	hicles.					
га		154) <sub>10</sub> 1 1		(h)	T	(0)			(4)		(0)			(4)	
	(a) Description o	f costs		(b) amortization		(c) Amortizal	ble		(d) Code		(e) Amortiza		A	(f) nortization	
40	Amortization oft	ot be size of		begins		amoun	t		section		period or pe	rcentage	fc	r this year	
42 /	Amortization of costs th	iat begins du	iring your 2020	tax yea	ar:										
				<u> </u>				-							
40	Amortization of sects the	ot besself		<u> </u>								140			
	Amortization of costs th											43			
44	Total. Add amounts in	column (t). Se	e the instruct	ions for	wnere to	report						44			

Form **4562** (2020)

# 2020 DEPRECIATION AND AMORTIZATION REPORT

			r	-		066							
	Date Acquired	Method	Life	No. No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	08/05/11	TS	5.00	16	233,248.				233,248.	233,248.		.0	233,248,
	05/06/15	200DB	5.00	HY17	3,601.	·		<b>3</b>	3,601.	3,601.	7	.0	3,601.
TIRE REPLACEMENT	08/06/16	SI	2.00	16	2,558.				2,558.	2,133.		425.	2,558
FIREFIGHTING EQUIPMENTS	02/06/16	SI	5.00	16	27,760.				27,760.	25,909.		1,851.	27,760
	12/11/16	SI	2.00	16	1,151.				1,151.	882.		230.	1,112
	07/13/17	SL 7	7.00	16	7,137.				7,137.	3,315.		1,020.	4,335
	12/26/17	SL	5.00	16	16,292.				16,292.	8,960.		3,258.	12,218
EQUIPMENTS - (	08/26/18	SL	2.00	16	7,341.				7,341.	3,058.		1,468.	4,526
TIRE REPLACEMENT	10/16/16	SI	2.00	16	8,357.				8,357.	6,545.		1,671.	8,216
FIREFIGHTING EQUIPMENTS	01/07/17	SI 2	5.00	16	20,528.				20,528.	15,397.		4,106.	19,503
	08/16/17	NC .	000.	нх	45,021.				45,021.			.0	
BUILDING CAMERA SYSTEM	05/15/19	SL	5.00	16	4,171.				4,171.	1,182.		834.	2,016
FIREFIGHTING EQUIPMENTS - DUAL-CERT GEAR	12/09/18	SL 5	5.00	16	4,410.				4,410.	1,617.		882.	2,499
EQUIPMENTS -													
	05/26/19 8	SI 2	2.00	16	4,631.				4,631.	1,235.		926.	2,161
EQUIPMENTS - 1	11/08/18	SL 5	5.00	16	2,619.				2,619.	1,004.		524.	1,528
FIREFIGHTING EQUIPMENTS - METRO FIRE APPARATUS DUAL-CE	07/08/19	SI 5	5.00	16	3,029.				3,029.	757.		.909	1,363
			6	,	L				L	, c		L	6
	07/22/19	SL JS	2.00	16	4,125.				4,125.	963.		825.	1,788
	04/25/20 SL		7.00	16	2,384.				2,384.	142.		341.	483

(D) - Asset disposed

# 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM	The trace to				F		280							
Asset No.	Description	Date Acquired	Method	Life	C Line o No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	FIREFIGHTING EQUIPMENTS - SUPPORT 392 OUTFITTING	11/26/19	SL	5.00	16	7,808.				7,808.	1,301.		1,562.	2,863.
	FIREFIGHTING EQUIPMENTS -											,		
29	SCBA FACEPIECE BAGS, RIT BAG	01/18/20	SL	5.00	16	2,055.				2,055.	274.		411.	685.
30	-SCBAS & CYLINDERS	01/21/20	SL	2.00	16	109,600.				109,660.	14,621.		21,932.	36,553.
	FIREFIGHTING EQUIPMENTS													
31	-SCBA MASK RESPIRATOR ADAPTE	05/16/20	SL	5.00	16	4,853.				4,853.	324.		971.	1,295.
	FIREFIGHTING EQUIPMENTS													
32	-PISTON INTAKE VALVES	06/08/20	SL	5.00	16	6,696.				.969,9	446.		1,339.	1,785.
	FIREFIGHTING EQUIPMENTS													
33	-BUNKER GEAR	09/12/20	SI	2.00	16 1	2,844.				2,844.	47.		569.	616.
	FIREFIGHTING EQUIPMENTS													
34	-BUNKER GEAR	02/22/20	SL	2.00	16	2,025.				2,025.	236.		405.	641.
	FIREFIGHTING EQUIPMENTS													
35	-FORCIBLE ENTRY DOOR	02/01/20	SL	5.00	16	7,550.				7,550.	1,007.		1,510.	2,517.
36	(BOUCHERY/KUIVENHOVEN), 2 HE	05/11/21	SI	2.00	16	5,280.	The second second			5,280.			440.	440.
	HOSE, APPLIANCES, &													
37	EQUIPMENT	03/16/21	SL	2.00	16	9,632.				9,632.			963.	963.
	BLITZFIRE & SMOOTHBORE													12
38	NOZZLES	04/08/21	SL	2.00	16	4,731.				4,731.			473.	473.
	GAS DETECTORS & CALIBRATION													
39	STATION	01/19/21	SI	5.00	16	7,159.				7,159.			955.	955.
40	40 THERMAL IMAGERS	12/26/20	SL	5.00	16	3,748.				3,748.			562.	562.
	* TOTAL 990 PAGE 10 DEPR					572,404.				572,404.	328,204.		51,059.	379,263.
	CURRENT YEAR ACTIVITY	42-1												
	BEGINNING BALANCE					541,854.			•0	541,854.	328,204.			375,870.
	ACQUISITIONS					30,550.			0.	30,550.	0			3,393,
028111 04 01 30										,				

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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FORM 9	FORM 990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	C C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	DISPOSITIONS/RETIRED					0.			.0	0.	0.			.0
	ENDING BALANCE		*			572,404.		*	0.	572,404.	328,204.			379,263.
	ENDING ACCUM DEPR										379,263.			
	ENDING BOOK VALUE										193,141.		,	
								Production of						
028111 04-01-20	1-01-20					(D) - Asset disposed	pesoc		*	ITC, Salvage,	Bonus, Comm	ercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

### 8879-EO

### **IRS e-file Signature Authorization** for an Exempt Organization

▶ Go to www.irs.gov/Form8879EO for the latest information.

For calendar year 2020, or fiscal year beginning OCT~1~ , 2020, and ending SEP~30~ , 20 21~

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

Do not send to the IRS. Keep for your records.

Taxpayer identification number

BRAZOS COUNTY PRECINCT 3 VFD 74-1974946 Name and title of officer or person subject to tax DAVID DIBELLO TREASURER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b \_\_\_\_ b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_\_\_3b 3a Form 1120-POL check here 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b \_\_\_ 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_6b \_\_\_ 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗶 I am an officer of the above organization or 🔃 I am a person subject to tax with respect to (name of organization)

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation. software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal PIN:

	ck one box	only		010	tarri arro	,	ppilodolo, tilo oon		mao wimarawai.	
X	I authorize	MILBERGER,	NESBITT	&	ASK	L.	L.P.		to enter my PIN	23457
				ER	0 firm na	me				Enter five numbers, bu do not enter all zeros
	a state age	ature on the tax year 2 ncy(ies) regulating cha return's disclosure co	arities as part of t							
	electronica	er or person subject to lly filed return. If I have charities as part of the	e indicated within	this	s return	that	a copy of the retu	rn is being filed with	a state agency(ic	

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

74785432418 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date > 01/06/22

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)