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FINAL POSTMARK DATE APR 27 2011

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BROWN COUNTY FARM BUREAU Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 1029 City or town, state or country, and ZIP + 4 BROWNWOOD TX 76804	D Employer identification number 75-0904388 E Telephone number (325) 646-5516 F Group Exemption Number
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G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **N/A**

J Tax-exempt status (ck only one) -- 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **167,371.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	250.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	99,758.
	4 Investment income	4	4,917.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	62,446.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	167,371.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	43,052.
	13 Professional fees and other payments to independent contractors	13	960.
	14 Occupancy, rent, utilities, and maintenance	14	28,268.
	15 Printing, publications, postage, and shipping	15	2,801.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	89,902.
	17 Total expenses. Add lines 10 through 16	17	164,983.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,388.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	196,430.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	198,818.

3AA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

5.
NE

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	19,075.22	11,092.
23 Land and buildings	189,395.23	185,844.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	2,160.24	2,760.
25 Total assets	210,630.25	199,696.
26 Total liabilities (describe in Schedule O) <u>See L-26 Stmt</u>	14,200.26	878.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	196,430.27	198,818.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **PROMOTING AGRICULTURE**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>SEE SCHEDULE O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 <u>SEE SCHEDULE O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 <u>SEE SCHEDULE O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DWAYNE GROOMS PO BOX 1029 BROWNWOOD TX 76804	PRESIDENT 5.00	0.	0.	0.
LEWIE NEWMAN PO BOX 1029 BROWNWOOD TX 76804	VICE PRES 3.00	0.	0.	0.
DONALD KRAUSE PO BOX 1029 BROWNWOOD TX 76804	SECRETARY 2.00	0.	0.	0.
DAVID TOUGHSTONE PO BOX 1029 BROWNWOOD TX 76804	TREASURER 3.00	0.	0.	0.
LEWIS LEHMAN PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 4.00	0.	0.	0.
THOMAS PETROSS PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 3.00	0.	0.	0.
JULE RICHMOND PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 4.00	0.	0.	0.
BEN MCINNIS PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 2.00	0.	0.	0.
TED SIMPSON PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.
 - a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
 - b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.
- b Did the organization file Form 1120-POL for this year?
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
 - b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b**
- 39 Section 501(c)(7) organizations Enter:
 - a Initiation fees and capital contributions included on line 9 **39a**
 - b Gross receipts, included on line 9, for public use of club facilities **39b**
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 **40a**; section 4912 **40a**; section 4955 **40a**
- b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**
- c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c**
- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d**
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40e**
- 41 List the states with which a copy of this return is filed **41**

	Yes	No
33		X
34		X
35a	X	
35b	X	
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		
40c		
40d		
40e		X

42a The organization's books are in care of **TEXAS FARM BUREAU** Telephone no. **(254) 751-2337**
 Located at **P O BOX 2689** **WACO** TX ZIP + 4 **76702-2689**

- b 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)? If 'Yes,' enter the name of the foreign country: **42b**
- See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: **42c**

	Yes	No
42b		X
42c		X

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**
- 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44a**
- b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b**
- c Did the organization receive any payments for indoor tanning services during the year? **44c**
- d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

	Yes	No
44a		X
44b		X
44c		X
44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer: Duwayne D. Grooms Pres. Date: 4-26-11
 Type or print name and title: Duwayne D. Grooms PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: Patrick W Ehlers Preparer's signature: Patrick W Ehlers Date: 04/20/11 Check if self-employed PTIN: 01278523
 Firm's name: Texas Farm Bureau Firm's EIN: TX 76702
 Firm's address: P.O. Box 2689 Waco TX 76702 Phone no: (254) 751-2337

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

BROWN COUNTY FARM BUREAU

Employer identification number

75-0904388

Pt III, Line 31 State meetings

Volunteer Directors of the County Farm Bureau attended meetings

sponsored by Texas Farm Bureau, including its annual state convention.

at these meetings, various agricultural issues are discussed with similar

local volunteers from other county farm bureaus across the state. At the

Texas Farm Bureau annual convention, local county farm bureau leaders

from all over Texas voted on agricultural issues that these volunteers

would like Texas Farm Bureau and the volunteers to pursue on a

statewide level in the upcoming year.

Ag in the Classroom

County Farm Bureau volunteers contributed their time and resources

to an Agriculture in the Classroom Program. Using various specially

developed materials (in conjunction with Texas Farm Bureau), teachers

around the state guide Texas students in grades 1 thru 6 in exploring

various facets of food and fiber production in Texas. How agriculture

contributes to the lifestyles of people throughout the world is also presented.

Members of the County Farm Bureau are also members of

Texas Farm Bureau, a statewide agricultural organization

(exempt under 501(c) (5)) that works for the betterment

of agriculture and coordinates programs on a statewide

basis. Members of the County Farm Bureau are also members

of the American Farm Bureau, a national agricultural

organization that also works for the betterment of agriculture.

Name of the organization

BROWN COUNTY FARM BUREAU

Employer identification number

75-0904388

County Farm Bureau volunteers participate in matters
dealing with legislation that affects agriculture.

County Farm Bureau volunteers help organize their members
into separate agricultural commodity interests.

Part III, Line 28 Annual meeting

Held an annual meeting in which all members are invited. Purpose was to
discuss relative local, statewide, and national agricultural issues,
the importance of agriculture education, the business of the organization,
and current legislative issues as they relate to agriculture. Members
of the county farm bureau, county farm bureau staff, county farm bureau
voluntary leaders, Texas Farm Bureau staff and invited guests participated.

Part III, Line 29 Youth Livestock Show/Fair

Contributed to local youth livestock show/fair. Purposes of the show are to
promote responsibility, leadership skills, and interest in raising farm animals
for area youth. The County Farm Bureau volunteers as well, and the local
4-H Clubs and FFA Chapters participate in this important event.

Part III, Line 30 Youth Leadership Conference

Sponsored student(s) to attend the Farm Bureau Youth Leadership Conference.
The purpose of the conference is to give selected high school students in Texas
a better understanding of the various forms of government and educate them
their responsibilities as citizens. The conference runs three full days and
includes lectures, discussions, and films by outstanding authorities in
government, history, and economics.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment
Sequence No **67**

Name(s) shown on return

BROWN COUNTY FARM BUREAU

Identifying number

75-0904388

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,406.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	3,117.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.		

Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(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						
e 15-year property		4,182.	15 YRS	HY	200DB	209.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	7,732.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed?				Yes	No	24 b If 'Yes,' is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25			
26 Property used more than 50% in a qualified business use:										
27 Property used 50% or less in a qualified business use:										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

INS SERVICE FEES	59,796.
INS AGENT INCOME	2,650.
Total	62,446.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

MEMBER RELATIONS	5,028.
COMMITTEE/CONTRACT SERVICES	156.
TRAVEL/CONFERENCES/MEETINGS	8,681.
ADVERTISING/PUBLIC RELATIONS	751.
OTHER EXPENSE	3,750.
OFFICE OPERATIONS EXPENSES	17,815.
EQUIPMENT EXPENSES	2,594.
STATE MEMBERSHIP DUES	51,127.
Total	89,902.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> FRANK CONGER PO BOX 1029 BROWNWOOD TX 76804 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input type="checkbox"/>	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> BRUCE TOEPPICH PO BOX 1029 BROWNWOOD TX 76804 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input type="checkbox"/>	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> SCOTT ANDERSON PO BOX 1029 BROWNWOOD TX 76804 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Income Tax	2,160.	2,760.
Total	<u>2,160.</u>	<u>2,760.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	425.	878.
Mortgages & Other Notes	13,775.	0.
Total	<u>14,200.</u>	<u>878.</u>