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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: BRENHAM FIRE DEPARTMENT. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 101 N CHAPPELL HILL ST. City or town, state or country, and ZIP + 4: BRENHAM, TX 77833

D Employer identification number: 74-2276200. E Telephone number: (979) 836-1688. F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

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

I Website: N/A

J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(4) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 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. \$ 131,150

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 [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 100,277 and total expenses is 107,665, resulting in a deficit of -7,388.

**Part II Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	127,423	<b>22</b>	105,691
<b>23</b> Land and buildings . . . . .	357,156	<b>23</b>	338,502
<b>24</b> Other assets (describe in Schedule O) . . . . .	8,296	<b>24</b>	14,296
<b>25 Total assets</b> . . . . .	492,875	<b>25</b>	458,489
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	91,473	<b>26</b>	64,475
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	401,402	<b>27</b>	394,014

**Part III Statement of Program Service Accomplishments**

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

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

What is the organization's primary exempt purpose?

TO PROVIDE THE CITY OF BRENHAM AND SURROUNDING AREAS WITH BEST POSSIBLE FIRE PROTECTION AND RESCUE SERVICES AND PURCHASE AND MAINTENANCE OF EQUIPMENT

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

<b>28</b> MAINTAIN AND PROMOTE A VOLUNTEER FIRE DEPARTMENT WITH NOT MORE THAN 100 MEMBERS FOR PROTECTION AND SAFETY OF THE CITIZENS OF CITY OF BRENHAM (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> DONATED FIRE FIGHTING EQUIPMENT PURCHASED IN 2011 AT A COST OF \$46,225 TO THE CITY OF BRENHAM (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	0

**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 & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**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

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
<b>34</b>	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) . . . . .		No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
<b>35b</b>	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
<b>36</b>	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 . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> <input type="text" value="0"/>		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b>	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
<b>40b</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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 . . . . .		No
<b>40c</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="text" value="0"/>		
<b>40d</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="text" value="0"/>		
<b>40e</b>	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
<b>42a</b>	The organization's books are in care of <input type="checkbox"/> <u>KARL GOESSLER SECRETARY/TREASURER</u> Telephone no <input type="checkbox"/> <u>(979) 836-5221</u> 101 N CHAPPELL HILL STREET Located at <input type="checkbox"/> <u>BRENHAM, TX</u> ZIP + 4 <input type="checkbox"/> <u>77833</u>		
<b>42b</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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42c</b>	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 <input type="checkbox"/> _____		No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="text" value="43"/>		
<b>44a</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
<b>44b</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		No
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		No
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

**Yes** **No**

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

<b>46</b>		No
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**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.

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

**Yes** **No**

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

<b>47</b>		
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**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**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 & 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.**

<b>Sign Here</b>	***** Signature of officer	2012-03-01 Date
	RICKY BOEKER FIRE CHIEF Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ WILLIAM H HOLLE	Date 2012-03-01	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00177172
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SEIDEL SCHROEDER & COMPANY 304 E BLUE BELL ROAD BRENHAM, TX 77833			EIN ▶ 74-2052353 Phone no ▶ (979) 836-6131

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-2276200

**Name:** BRENHAM FIRE DEPARTMENT

## Form 990-EZ, Special Condition Description:

Special Condition Description
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## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
RICKY BOEKER 101 N CHAPPELL HILL ST BRENHAM, TX 77833	FIRE CHIEF 20 00	0	0	0
RONALD BENTKE 101 N CHAPPELL HILL ST BRENHAM, TX 77833	1ST ASST FIRE CHIEF 10 00	0	0	0
MICHAEL DRAEHN 101 N CHAPPELL HILL ST BRENHAM, TX 77833	2ND ASST FIRE CHIEF 10 00	0	0	0
DEREK JANNER 101 N CHAPPELL HILL ST BRENHAM, TX 77833	DISTRICT FIRE CHIEF 10 00	0	0	0
MICHAEL POHL 101 N CHAPPELL HILL ST BRENHAM, TX 77833	DISTRICT FIRE CHIEF 10 00	0	0	0
KARL GOESSLER 101 N CHAPPELL HILL ST BRENHAM, TX 77833	SECRETARY/TREASURER 15 00	0	0	0
WILLIAM CHRISTENSEN 101 N CHAPPELL HILL ST BRENHAM, TX 77833	ASST SECRETARY/TREASURER 10 00	0	0	0

**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 to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
BRENHAM FIRE DEPARTMENT

**Employer identification number**

74-2276200

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	BRENHAM NATIONAL BANK 61
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION FIREMEN'S TRAINING CENTER, BRENHAM, TEXAS AMOUNT 51,225
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION TO 501(C)(3) GRANTEE NAME CITY OF BRENHAM, TEXAS GRANTEE ADDRESS VULCAN STREET BRENHAM, TX 77833 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION EQUIPMENT AMOUNT GIVEN 46,225
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION TO 501(C)(3) GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 527 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 46,752
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 18,654 DESCRIPTION OTHER EXPENSES AMOUNT 49 DESCRIPTION BLDG MAINTENANCE SERVICE AMOUNT 10,777 DESCRIPTION SUPPLIES AMOUNT 4,202 DESCRIPTION INSURANCE AMOUNT 7,803 DESCRIPTION UTILITIES AMOUNT 8,364 DESCRIPTION INTEREST AMOUNT 3,002 DESCRIPTION MISCELLANEOUS AMOUNT 319 TOTAL TO FORM 990-EZ, LINE 14 53,170
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK CHARGES AMOUNT 1 DESCRIPTION CONVENTIONS AMOUNT 1,003 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 92 DESCRIPTION MEETINGS AMOUNT 761 DESCRIPTION OFFICE SUPPLIES AMOUNT 387 DESCRIPTION SUPPLIES- LADIES AUXILIARY AMOUNT 4,924 DESCRIPTION TRAINING EXPENSES AMOUNT 575 TOTAL TO FORM 990-EZ, LINE 16 7,743
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVESTMENT IN LOOP 290 CONCESSIONS, INC BEG OF YEAR AMOUNT 8,296 END OF YEAR AMOUNT 14,296
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION NOTE PAYABLE BRENHAM NATIONAL BANK BEG OF YEAR AMOUNT 91,473 END OF YEAR AMOUNT 64,475

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** BRENHAM FIRE DEPARTMENT

**EIN:** 74-2276200

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.