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# Short Form Return of Organization Exempt From Income Tax

2011

Department of the Treasury  
Internal Revenue Service

**(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



**A For the 2011 calendar year, or tax year beginning** , **2011**, and ending

<b>B</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	<b>C</b> Name of organization <b>BROWN COUNTY FARM BUREAU</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P O BOX 1029</b> City or town, state or country, and ZIP + 4 <b>BROWNWOOD TX 76804</b>	<b>D</b> Employer identification number <b>75-0904388</b> <b>E</b> Telephone number <b>(325) 646-5516</b> <b>F</b> 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 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 ▶ \$ **188,818.**

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

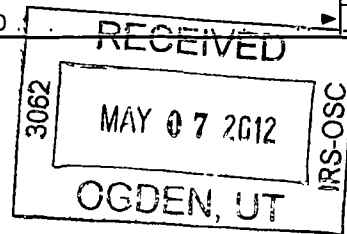
Check if the organization used Schedule O to respond to any question in this Part I

	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	111,920.
	4 Investment income	4	3,865.
	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) <small>See Form 990-EZ, Part I, Line 8 Other Revenue</small>	8	72,783.
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	188,818.
REVENUE	10 Grants and similar amounts paid (list in Schedule O)	10	7,480.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	46,848.
	13 Professional fees and other payments to independent contractors	13	700.
	14 Occupancy, rent, utilities, and maintenance	14	29,815.
	15 Printing, publications, postage, and shipping	15	3,048.
	16 Other expenses (describe in Schedule O) <small>See Form 990-EZ, Part I, Line 16 Other Expenses</small>	16	84,670.
	<b>17 Total expenses.</b> Add lines 10 through 16	17	172,561.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,257.
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	198,818.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20	21	215,075.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990-EZ** (2011)

SCANNED JUN 07 2012



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**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	11,092.	34,888.
23 Land and buildings	185,844.	178,889.
24 Other assets (describe in Schedule O) See L-24 Stmt	2,760.	2,122.
25 Total assets	199,696.	215,899.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	878.	824.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	198,818.	215,075.

**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 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.

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

28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DWAYNE GROOMS PO BOX 1029 BROWNWOOD TX 76804	PRESIDENT 2.00	0.	0.	0.
LEWIE NEWMAN PO BOX 1029 BROWNWOOD TX 76804	VICE PRES 2.00	0.	0.	0.
DONALD KRAUSE PO BOX 1029 BROWNWOOD TX 76804	SECRETARY 1.00	0.	0.	0.
DAVID TOUCHSTONE PO BOX 1029 BROWNWOOD TX 76804	TREASURER 1.00	0.	0.	0.
LEWIS LEHMAN PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 2.00	0.	0.	0.
THOMAS PETROSS PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 1.00	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 1.00	0.	0.	0.
TED SIMPSON PO BOX 1029 BROWNWOOD TX 76804	DIRECTOR 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract 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.
35a 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)?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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

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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	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	46	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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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: Dwayne D. Grooms Date: 4-24-12

Type or print name and title: DWAYNE D. GROOMS PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: Patrick Ehlers Preparer's signature: [Signature] Date: 04/03/12 Check  if self-employed PTIN: P01278523

Firm's name: Texas Farm Bureau Firm's EIN: 74-1145986

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

**2011**

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.

Open to Public  
Inspection

Name of the organization

BROWN COUNTY FARM BUREAU

Employer identification number

75-0904388

Pt III, Line 31 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.  
  
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.  
  
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.

Name of the organization

BROWN COUNTY FARM BUREAU

Employer identification number

75-0904388

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 American Farm Bureau Federation (AFBF) Annual Meeting

Volunteer director(s) attended (or will attend) the annual AFBF meeting with local Farm Bureau members from across the nation to participate in discussions and hear presentations on various agricultural issues affecting farmers and ranchers nationwide. Also, voting delegates at the meeting make decisions on various AFBF policies.

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	69,221.
INS AGENT INCOME	3,200.
BANKING PROGRAM	362.
<b>Total</b>	<b>72,783.</b>

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)

STATE MEMBERSHIP DUES	57,359.
COMMITTEE/CONTRACT SERVICES	78.
TRAVEL/CONFERENCES/MEETINGS	12,375.
OTHER EXPENSE	1,397.
OFFICE OPERATIONS EXPENSES	11,363.
EQUIPMENT EXPENSES	2,098.
<b>Total</b>	<b>84,670.</b>

Form 990-EZ, Page 2, Part IV

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

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input type="checkbox"/> FRANK CONGER PO BOX 1029 BROWNWOOD TX 76804 Foreign City Foreign Country	1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> BRUCE TOEPPICH PO BOX 1029 BROWNWOOD TX 76804 Foreign City Foreign Country	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	2.00	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**

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Prepaid Income Tax	2,760.	2,122.
Total	<u>2,760.</u>	<u>2,122.</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**

<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Accounts Payable & Accrued Expenses	878.	824.
Total	<u>878.</u>	<u>824.</u>

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

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

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 2010 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 2012. 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	

**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 2011	17	7,301.
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 <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2011 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		433.	5 YRS	HY	200DB	87.
c 7-year property						
d 10-year property						
e 15-year property						
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			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2011 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	7,388.
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)

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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
<b>42</b> Amortization of costs that begins during your 2011 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2011 tax year					
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report					