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STATUTE CLEARED  
DEC 19 2012

Form **990**

Department of the Treasury  
Internal Revenue Service

# 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)

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

OMB No 1545-0047

**2007**

Open to Public Inspection

0712

**A** For the 2007 calendar year, or tax year beginning

and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LOWER ST. CROIX VALLEY FIREFIGHTERS RELIEF ASSOCIATION</b> Number and street (or P.O. box if mail is not delivered to street address) <b>1560 ST. CROIX TRAIL S</b> City or town, state or country, and ZIP + 4 <b>LAKELAND, MN 55043</b>	<b>D</b> Employer identification number <b>41-1391786</b>
		<b>E</b> Telephone number <b>651-436-7033</b>
		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		<b>G</b> Website: ▶ <b>N/A</b>

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EF).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ **N/A**

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

**J** Organization type (check only one) ☒ 501(c) ( 4 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **109,537.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>			
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		<b>43,955.</b>	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>43,955.</b> noncash \$ )	<b>1e</b>		<b>43,955.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>65,582.</b>	
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>Expenses</b>	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a		<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )		<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other	
<b>b</b> Less: cost or other basis and sales expenses		<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)		<b>8b</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8c</b>			
<b>8d</b>					
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)		<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a		<b>9c</b>			
<b>Net Assets</b>	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
	<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>109,537.</b>	
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>13,789.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses. Add lines 13 and 16, column (A)	<b>17</b>		<b>13,789.</b>	
	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>95,748.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,046,732.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>-28,818.</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>1,113,662.</b>		

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TPR BRANCH  
OGDEN

OCT 26 '11

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SERVICE CENTER

OCT 28 '11

SEE STATEMENT 1

723001  
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2007)

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# LOWER ST. CROIX VALLEY FIREFIGHTERS

Form 990 (2007)

RELIEF ASSOCIATION

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## **Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
<b>23</b> Specific assistance to individuals (attach schedule)	23			
<b>24</b> Benefits paid to or for members (attach schedule)	24			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,020.	0.	1,020.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27			
<b>28</b> Employee benefits not included on lines 25a - 27	28			
<b>29</b> Payroll taxes	29			
<b>30</b> Professional fundraising fees	30			
<b>31</b> Accounting fees	31	3,450.		3,450.
<b>32</b> Legal fees	32			
<b>33</b> Supplies	33			
<b>34</b> Telephone	34			
<b>35</b> Postage and shipping	35			
<b>36</b> Occupancy	36			
<b>37</b> Equipment rental and maintenance	37			
<b>38</b> Printing and publications	38			
<b>39</b> Travel	39			
<b>40</b> Conferences, conventions, and meetings	40			
<b>41</b> Interest	41			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42			
<b>43</b> Other expenses not covered above (itemize) <b>a</b> INVESTMENT MGT FEES	43a	9,319.		9,319.
<b>b</b>	43b			
<b>c</b>	43c			
<b>d</b>	43d			
<b>e</b>	43e			
<b>f</b>	43f			
<b>g</b>	43g			
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	13,789.	0.	13,789.

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a** SEE STATEMENT 2

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ 0.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 0.

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**LOWER ST. CROIX VALLEY FIREFIGHTERS  
RELIEF ASSOCIATION**

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	45	
	46 Savings and temporary cash investments	60,331.	46 62,203.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c 2,000.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable	49	
	50 a Receivables from current and former officers, directors, trustees, and key employees	50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	50b	
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	52	
	53 Prepaid expenses and deferred charges	53	
	54 a Investments - publicly-traded securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	983,315.	54a 1,050,823.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other	56	
57 a Land, buildings, and equipment basis	57a		
b Less: accumulated depreciation	57b	57c	
58 Other assets, including program-related investments (describe ► <b>ACCRUED INTEREST RECEIVABLE</b> )	1,086.	58 636.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,046,732.	59 1,113,662.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	60	
	61 Grants payable	61	
	62 Deferred revenue	62	
	63 Loans from officers, directors, trustees, and key employees	63	
	64 a Tax-exempt bond liabilities	64a	
	b Mortgages and other notes payable	64b	
	65 Other liabilities (describe ► )	65	
	66 <b>Total liabilities.</b> Add lines 60 through 65	0.	66 0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	67	
	68 Temporarily restricted	68	
	69 Permanently restricted	69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds	1,046,732.	70 1,113,662.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71 0.
	72 Retained earnings, endowment, accumulated income, or other funds	0.	72 0.
	73 <b>Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,046,732.	73 1,113,662.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,046,732.	74 1,113,662.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	71,400.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
1	Net unrealized gains on investments	<b>b1</b>	-28,818.	
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	-28,818.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	100,218.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	9,319.	
2	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	9,319.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	109,537.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	4,470.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	4,470.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	9,319.	
2	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	9,319.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	13,789.

<b>Part V-A</b>	<b>Current Officers, Directors, Trustees, and Key Employees</b> (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) ( <i>See the instructions</i> )
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[illegible]



**LOWER ST. CROIX VALLEY FIREFIGHTERS  
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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	N/A		
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85 a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		<b>X</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>X</b>	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
<b>86</b>	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
	<b>86a</b> N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b> N/A		
<b>87</b>	501(c)(12) organizations Enter a Gross income from members or shareholders		
	<b>87a</b> N/A		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b> N/A		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		
	If "Yes," complete Part IX		
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89 a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b</b>	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 become aware of an excess benefit transaction from a prior year?		
	If "Yes," attach a statement explaining each transaction		
	<b>89b</b>		<b>X</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958		
	0.		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
	<b>89g</b>		
<b>90 a</b>	List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007	<b>90b</b>	0
<b>91 a</b>	The books are in care of <b>THE ORGANIZATION</b> Telephone no <b>651-436-7033</b> Located at <b>1560 ST. CROIX TRAIL S, LAKELAND, MN</b> ZIP + 4 <b>55043</b>		
<b>b</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)?		<b>X</b>
	If "Yes," enter the name of the foreign country <b>N/A</b>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	<b>91b</b>		

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## Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

## Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a  
b  
c  
d  
e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a  
b  
c  
d  
e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

## Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

## Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

## Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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RELIEF ASSOCIATION

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Kevin C Wall Date: 10/26/2011

Type or print name and title: Kevin C Wall President

Paid Preparer's Use Only

Preparer's signature: Alianne (Hickok) CPA Date: 10/03/11 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: HLB TAUTGES REDPATH, LTD.  
4810 WHITE BEAR PARKWAY  
WHITE BEAR LAKE, MN 55110

Preparer's SSN or PTIN (See Gen. Instr. X):  EIN:  Phone no: (651) 426-7000

Form 990 (2007)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-28,818.
TOTAL TO FORM 990, PART I, LINE 20	-28,818.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	2
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DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDE RETIREMENT RELIEF AND OTHER BENEFITS TO ITS MEMBERS AND THEIR DEPENDENTS. IN PRIOR YEARS THE ORGANIZATION HAS NOT FILED FORM 990 BECAUSE IT OPERATES AS A GOVERNMENT ENTITY AND GOVERNMENT ENTITIES ARE NOT REQUIRED TO FILE FORM 990 BASED ON REVENUE PROCEDURE 95-48. BECAUSE OF CONFLICTING OPINIONS REGARDING FILING REQUIREMENTS FOR VOLUNTEER FIREFIGHTER ORGANIZATIONS AND RECENT IRS SCRUTINY, THE ORGANIZATION HAS DECIDED TO VOLUNTARILY FILE FORM 990 GOING FORWARD.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		0.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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EXPLANATION

THE ASSOCIATION PROVIDES RETIREMENT RELIEF AND OTHER BENEFITS TO ITS MEMBERS AND THEIR DEPENDENTS. THE ASSOCIATION IS A GOVERNMENT ENTITY THAT RECEIVES AND MANAGES PUBLIC FUNDS TO PROVIDE RETIREMENT AND ANCILARY BENEFITS FOR INDIVIDUALS PROVIDING THE GOVERNMENTAL SERVICES OF FIREFIGHTING AND EMERGENCY FIRST RESPONSE.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV			1,050,823.	1,050,823.
TO FORM 990, LINE 54A, COL B				1,050,823.	1,050,823.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEVIN WALL 1560 ST. CROIX TRAIL LAKELAND, MN 55043	PRESIDENT 5.00	250.	0.	0.
JIM STANLEY 1560 ST. CROIX TRAIL LAKELAND, MN 55043	VICE PRESIDENT 0.30	0.	0.	0.
WENDY FORRESTER 1560 ST. CROIX TRAIL LAKELAND, MN 55043	SECRETARY 2.00	250.	0.	0.
KEVIN JOHNSON 1560 ST. CROIX TRAIL LAKELAND, MN 55043	TREASURER 5.00	520.	0.	0.
RALPH PISCATELLO 1560 ST. CROIX TRAIL LAKELAND, MN 55043	TRUSTEE 0.30	0.	0.	0.
MARY O'BRIEN 1560 ST. CROIX TRAIL LAKELAND, MN 55043	TRUSTEE 0.30	0.	0.	0.
DON JAMES (VOTING) 1560 ST. CROIX TRAIL LAKELAND, MN 55043	EX-OFFICIO TRUSTEE 0.30	0.	0.	0.

LOWER ST. CROIX VALLEY FIREFIGHTERS RELI

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PETE GRANAT (VOTING)	EX-OFFICIO TRUSTEE			
1560 ST. CROIX TRAIL	0.30	0.	0.	0.
LAKELAND, MN 55043				
KRIS PETERSON (VOTING)	FIRE CHIEF			
1560 ST. CROIX TRAIL	0.30	0.	0.	0.
LAKELAND, MN 55043				
TOTALS INCLUDED ON FORM 990, PART V-A		1,020.	0.	0.