

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Page-2

	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
2 a	Grants paid from donor advised funds (attach schedule)	<del>                                     </del>			38, 18 W. W.	\$28 - 30° + 55° - 8
	(cash \$ noncash \$	7 I	•			
	If this amount includes foreign grants, check here	22a				
2Ь	Other grants and allocations (attach schedule)	<del></del>				
	(cash \$ noncash \$					286 y 183
	If this amount includes foreign grants, check here	225	[			
3	Specific assistance to individuals (attach					
-	schedule)	23				
4	Benefits paid to or for members (attach					
	schedule)	24	74 000	24 000		
5 2	Compensation of current officers, directors,	=	34,000	34,000	NATE TRADES NO EN LANCON	i kippo ingazzo mordia
J 6	key employees, etc. listed in Part V-A	25a				
<b>L</b>	Compensation of former officers, directors,	234		<del> </del>		
	key employees, etc listed in Part V-B	25ь		•		
_	Compensation and other distributions, not	530				
٠		1 1				
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons	1 ]				
_	described in section 4958(c)(3)(B),	25c				
6	Salaries and wages of employees not included					
7	on lines 25a, b, and c	26				
7	Pension plan contributions not included on					
•	lines 25a, b, and c	27		<del></del>		
8	Employee benefits not included on lines					
_	25a - 27	28				
9	Payroll taxes	29				
0	Professional fundraising fees	30				
1	Accounting fees	31	1,400	1,400		
2	Legal fees	32				
3	Supplies	33		,		
4	Telephone	34				
5	Postage and shipping	35				
6	Occupancy	36				
7	Equipment rental and maintenance	37				
B 	Printing and publications	38				
		39	the state of the s		fer Taletaan (	و مروشید - مثل رو
0	Conferences, conventions, and meetings	40				
1	Interest	41				
2	Depreciation, depletion, etc (attach schedule)	42		· · · · · · · · · · · · · · · · · · ·		
3	Other expenses not covered above (Itemize)					
a	INSURANCE	43a	215	215		
þ		43Ь		1		
C		43c				
d		43d				
e		43e				
f		431				
g		43g				
4	Total functional expenses. Add lines 22a					
	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines				,	
	13-15)	44	35,615	35,615	0	
oint	Costs. Check ▶ ☐ if you are following SOP 98-2					·
	ny joint costs from a combined educational campaign and ful	ndraisin	g solicitation reported	d in (B) Program se	rvices?	. 🕨 🗌 Yes 🗌 N
	s," enter (i) the aggregate amount of these toint costs \$			ount allocated to Pro		J J
	ne amount allocated to Management and general \$			amount allocated to		<del></del>
., u	in allocated to mareadement and Adultar a			EA	o i uliulaisiliy +	Form 990 (200)

Part III	Statement of Pr	ogram 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.

	grams and accomplishments at is the organization's primary exempt purpose? ➤ RETIREMENT FUND ADMINISTRATOR		Program Service
All o	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Expenses (Required for 50 1(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a	See SERVICES		
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here	<u>▶</u> []	34,000
c	(Grants and allocations \$ ) If this amount includes foreign grants, check here	<u> </u>	
•			
đ	(Grants and allocations \$ ) If this amount includes foreign grants, check here	<u>• 0</u>	
e	Other program services (attach schedule)	<u>▶</u> 0	
· f "	(Grants and allocations \$) If this amount includes foreign grants, check here— Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶ -	34,000
<u> </u>	EEA		Form <b>990</b> (2007)

Form 990 (2007)

411,126

411,126

358,333

358,333

74

Total net assets or fund balances. Add lines 67 through 69 or lines

70 through 72 (Column (A) must equal line 19 and column (B) must

Total liabilities and net assets/fund balances. Add lines 66 and 73 . . . . . . . .

73

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	iliation of Revenue	; per A	uaitea Fir	ianciai Si					
<ul> <li>Instruction</li> </ul>		•			later	' AAMII ME	Acting b	er ne	turn (Se
a . Total revenue, gains, ar		Ited finan	cial statemer	nts	<del></del>				
	ne a but not on Part I, line						<u> </u>	3	
1 Net unrealized gains on	n investments			1	ы		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	
2 Donated services and u				<u> </u>	PS			<u> </u>	
3 Recoveries of prior year					b3			91	
4 Ost ( 4 )	_			` ' ' ' '					
					ь4		<u> </u> >⊘	<u> </u>	
Add lines b1 through b	4								
c Subtract line b from line							· · ·   —	: -	
	Part I, line 12, but not on it				• • •		· · ·		
1 Investment expenses n				1	at 1		n/de	<b>3</b>	
2 Other (specify)				, , , ,	<del></del>			<b>3</b>	
			-		d2		(*)	()	
Add lines d1 and d2						.=		88 4	
	line 12). Add lines c and d							•	
Part IV-B Reconcili								1	
	ses per audited financial					<del></del>		1	:
	ne a but not on Part I, line				• • •			-	
Donated services and u				1	ы		(%)	,	
2 Prior year adjustments				<b>)</b> —	b2		—— <u> </u> ;€}	√4 	
3 Losses reported on Par				)—	b3		—— ii.	53	
4 Other (specify)				⊦	D3	<del></del>	<del></del> []		
- Office (Specify)	······································				ь4				
Add lines hi through h	4							Si .	
c Subtract line b from line							· · ·	-	
	Part I, line 17, but not on li							-	
	ot included on Part I, line			}	aı İ				
	or mended on ranci, mile	05		• • • • • ⊢	<del>"</del>			29	
							17.		
2 Other (specify)	-				42		ξ,	<b>~</b>	
			<del></del>		d2	· · · · · · ·		Ĭ	
Add lines d1 and d2	line 17) Add lines c and							1	
Add lines d1 and d2 e Total expenses (Part I,	line 17) Add lines c and	d						•	ear drage
Add lines d1 and d2  Total expenses (Part I, Part V-A   Current C	line 17) Add lines c and Officers, Directors,	d Truste	es, and K	ey Emplo	yee	S (List each perso	e	•	
Add lines d1 and d2  Total expenses (Part I, Part V-A   Current C	line 17) Add lines c and	d Truste	es, and K	ey Emplo	yee:	S (List each personated) (See the instr	n who waructions.)	s an offi	cer, direct
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990 (2007) ST MARTIN FIRE DEPT RELEIF ASSOC			41-1470487	<del></del>		age 6
				<del></del>	Yes	No
Enter, the total number of officers, directors, and trustees pern	nitted to vote on organizat	tion business at bo	pard	7.38		
meetings					الأوقر (أون الأعراض	Sec. 3
Are any officers, directors, trustees, or key employees listed in	Form 990, Part V-A, or h	iighest compensat	ed			
					7000	<b>*</b> ***********************************
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				75b		
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organizations, whether tax exempt or taxable, that are related	to the organization? See	the instructions to	r	X.283	A & & CO. "	14.20
the definition of "related organization."						
				25.37		
Does the organization have a written conflict of interest policy	? <u></u>		· · · · · · · · · · · ·	. 75d		
t V-B Former Officers, Directors, Trustees, a	and Key Employees	That Receive	ed Compensati	ion or	Oth	er
Benefits (If any former officer, director, trustee, of	or key employee received	compensation or	other benefits (desc	:ribed bo	elow)	
			• • •			
,		(C) Compensation	(D) Contributions to			
(A) Name and address	(B) Loans and Advances	(if not paid,	plans & deferred			
	_ <del> </del>	enter -0-)	compensation plans	411	DWAIRC	
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rt VI Other Information (See the instructions.)		· · · · · · · · · · · · · · · · · · ·			Yes	No
	is of conducting activities	? If "Yes." attach a		15/28	77	100
					ľ	x
——————————————————————————————————————					-	X
	ments not reported to the	; Ino'		7.85	2.3	
				Section 1	228	<b>1</b> 966
Did the organization have unrelated business gross income o	if \$1,000 or more during t	he year covered b	У	30,000	~~ L	<b>.</b>
this return?				. 78a	<u></u>	X
If "Yes," has it filed a tax return on Form 990-T for this year?				. 78ь	N/A	4
			h		58273	\$4.00 \$6.00 \$4.00 \$6.00 \$4.00 \$6.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00
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			h		18,336.0	
- · · · · · · · · · · · · · · · · · · ·		Honexempt			l valti i i	v
3					8,80	X
If "Yes," enter the name of the organization				- 1000		1.00
		· ·	r [ nonexempt			
Enter direct and indirect political expenditures. (See line 81 in	structions)	81a				\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Did the organization file Form 1120-POL for this year?		<u> </u>		. 81ь		<u>X</u>
·	EEA			Form	agn /	(2007)
	Enter, the total number of officers, Directors, Trustees, and trustees permeetings  Are any officers, directors, trustees, or key employees listed in employees listed in Schedule A, Part II -A or III-B, related to e relationships? If "Yes." attach a statement that identifies the in Do any officers, directors, trustees, or key employees listed in compensated employees listed in Schedule A, Part III-A or III-B, related to e relationships? If "Yes." attach a statement that identifies the in Do any officers, directors, trustees, or key employees listed in compensated employees listed in Schedule A, Part II -A or III-B organizations, whether tax exempt or taxable, that are related the definition of "related organization."  If "Yes," attach a statement that includes the information desc Does the organization have a written conffect of interest policy the organization have a written conffect of interest policy the B former Officers, Directors, Trustees, a during the year, list that person below and enter the See the instructions.)  (A) Name and address  If "Yes," attach a conformed copy of the changes  Did the organization make a change in its activities or method detailed statement of each change.  Were any changes made in the organizing or governing documents of the organization have unrelated business gross income of this return?  If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial a statement.  Is the organization related (other than by association with a stormon membership, governing bodies, trustees, officers, elegings as the programment of the organization?  If "Yes," enter the name of the organization.  Enter direct and indirect political expenditures. (See line 81 in the organization?  Enter direct and indirect political expenditures. (See line 81 in the organization?	Enter, the total number of officers, Directors, Trustees, and Key Employees.  Enter, the total number of officers, directors, and trustees permitted to vote on organizametings.  Are any officers, directors, trustees, or key employees listed in Form 990. Part V-A, or hemployees listed in Schedule A, Part II. or highest compensated professional and other contractors bated in Schedule A, Part II. or highest compensated professional and other compensated employees listed in Schedule A, Part II. or highest compensated profession independent contractors listed in Schedule A, Part II. or highest compensated profession independent contractors listed in Schedule A, Part II. or highest compensated profession organizations, whether tax exempt or taxable, that are related to the organization?  If Yes, "attach a statement that includes the information described in the instructions."  Does the organization have a written conflict of interest policy?  **IV-B** Former Officers, Directors, Trustees, and Key Employees Benefits (II any former officer, director, trustee, or key employee received during the year, list that person below and enter the amount of compensation See the instructions.)  (A) Name and address  (B) Leans and Advances  (B) Leans and Advances  Were any changes made in the organizing or governing documents not reported to the II Yes, "attach a conformed copy of the changes  Und the organization have unrelated business gross income of \$1,000 or more during the year statement.  If Yes, has it flied a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination or substantial contraction during the ye a statement.  Is the organization related (other than by association with a statewide or nationwide or common membership, governing bodies, trustees, officers, etc., to any other exempt o organization?  If Yes, enter the name of the organization   Enter direct and indirect political expenditures. (See line 81 instructions)	The Current Officers, Directors, Trustees, and Key Employees (continued)  Enter, the total number of officers, directors, and trustees permitted to vote on organization business at be meetings  Are any officers, directors, trustees, or key employees listed in Form 990. Part V-A, or highest compensation or contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If Yes, "attach a statement that identifies the individuals and explains the relationship(s). Do any officers, directors, trustees, or key employees listed in Form 990. Part V-A, or highest compensated employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions to the definition of Telated organization.  If Yes, "attach a statement that includes the information described in the instructions.  Does the organization have a written conflict of interest policy?  If Yes. Trustees, and Key Employees That Receive Benefits (if any former officer director, Trustees, and Key Employees received compensation or during the year, list that person below and enter the amount of compensation or other benefits. See the instructions.    (A) Name and address   (B) Loans and Advances   (C) Compensation (If not paid, enter -0-)	tiv-S.   Current Officers, Directors, Trustees, and Key Employees (continued)   Enter; the total number of officers, directors, trustees, or key employees listed in Form 990. Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or II-B, related to each other through family or business relationships II "Fes. statch a statement that identifies the individuals and explants the relationships II" resis tration as the statement that identifies the individuals and explants the relationships III of relationships III and III are related to organizations, whether tax exempt or taxable, that are related to the organization from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations, which is a statement that includes the information described in the instructions.    II "Yes." attach a statement that includes the information described in the instructions.	N-A   Current Officers, Directors, Trustees, and Key Employees (continued)  Enterth to total runber of officers, decions, and trustees permitted to vote on organization business at hoard meetings.  Are any officers, directors, trustees, or key employees listed in Form 930, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other endependent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors interest in the indeviate in the indeviated and explans the relationships (*) 178-8  Do any officers, directors, trustees, or key employees listed in Form 930, Part V-A, or highest compensated interest indeviated in the instructions of related organization of selection of related organizations of schedule A, Part II-A or II-B, receive compensated interest indeviated in the instructions for the definition of related organizations.  Does the organization have a written conflict of imbrest policy?  Type II 'Yes, attach a statement that includes the information described in the instructions.  Benefits (II any former officer, director, trustees, and Key Employees That Received Compensation or other benefits in the appropriate column seem the instructions.)  (II) Compensation (II) (Compensation) (II) (Compensation) (II) (Compensation) (II) (Compensation) (II) (Compensation) (II) (Compensation) (III) (Compensation) (	V-S   Current Officers, Directors, Trustees, and Key Employees (confuned)

Form	990'(2007) ST MARTIN FIRE DEPT RELEIF ASSOC 41-14704	<u>87</u>		age 7
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	1	1	]
	or at substantially less than fair rental value?	. 82a	Ĺ	X
b.	If "Yes," you may indicate the value of these items here. Do not include this	2.8	100	100 m
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III )		N W	<b>1</b> 000
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	. 83a		X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	. 83b		1
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	9760	1/4/2	133
	gifts were not tax deductible?	. 84b		<u> </u>
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	. 85a		
ъ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. 65ъ	Γ	X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	337	X.	
	received a waiver for proxy tax owed for the prior year			<b>.</b>
c	Dues, assessments, and similar amounts from members 85c			1000
d	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		1	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	38.58		1.00
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	. 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	70	1892	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	1866	8.00	<b>1</b> 0 f
	following tax year?	. 85h	}	
86	501(c)(7) orgs Enter a initiation fees and capital contributions included on line 12   86a	2000		12.2
ь	Gross receipts, included on line 12, for public use of club facilities	7.3%	S.	[.~]
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a	768	1900	
b	Gross income from other sources (Do not net amounts due or paid to other	TMM	<b>130 8</b>	Rá
	sources against amounts due or received from them )	94.8		<b>1</b> '%:
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		13%	
	partnership, or an entity disregarded as separate from the organization under Regulations sections			J€ c
	301 7701–2 and 301 7701–3? If "Yes," complete Part IX	. 88a	<u>L</u> .	X
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	88ь	<u> </u>	X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	J. 26. 1		1.45
	section 4911 ▶, section 4912 ▶, section 4955 ▶	100		1,3,
þ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	-1333	13.5	Ĭ.,
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	(100	5.	
	a statement explaining each transaction	. 89ь	Ì	X
c.	Enter Amount of tax imposed on the organization managers or disqualified	- []	600	
	persons during the year under sections 4912, 4955, and 4958	- <b>1</b>	(\$5)	<b>*</b> ```
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		100	<b>!</b> ;;;;;
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		<b>1</b> 33	1
	transaction?			X
t	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	. 89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	10.51	(A)	<b>*</b> × ,
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	97A	26.7	<u>ا</u>
	at any time during the year?		<u> </u>	X
90a	List the states with which a copy of this return is filed >			
Ь	Number of employees employed in the pay period that includes March 12, 2007 (See			
	Instructions )			
91a	The books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
Ь	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		Yes	No
	account)?	. 91ь		Х
	If "Yes," enter the name of the foreign country	100	100	<b>1</b> . ()
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	- 100° £	1.50	1
	and Financial Accounts		1.40	<u> </u>
	EEA	Forn	990	(2007)

	990 (2007) ST MARTIN FIRE D					41-14	<del></del>	TY	Page es N
С	At any time during the calendar year, di		maintain an office outsi	de of the United	States?			91c	X
	If "Yes," enter the name of the foreign of	-							
2	Section 4947(a)(1) nonexempt charitable	e trusts filing Forn	n 990 in lieu of Form 104	1 - Check here				'	▶ 🗍
	and enter the amount of tax-exempt int	erest received or	accrued during the tax ye	ar	🕨	92			
ar	t VII Analysis of Income-Pr	oducing Activ	ities (See the instruction	ons)					
ote	Enter gross amounts unless otherwise	Unrelat	ed business income	Excluded by	section 512, 513,	or 514		(E)	
dic	ated	(A)	(B)	(c)	(D)	)	٦.	Related o compt func	
3	Program service revenue	Business code	Amount	Exclusion code	Amou	int		Income	
a	STATE CITY CONTRIBUTI								
Ь									
C									
d									
e									
f	Medicare/Medicaid payments	· [							
g	Fees and contracts from government agencles	<u> </u>							
4	Membership dues and assessments .		28	ļ					
5	Interest on savings & temporary cash investmen	nts	10,605						
6	Dividends and interest from securities			<u> </u>		<del></del>			
7	Net rental income or (loss) from real estate.		edit de disperatores, e	The Street	130 M 13	فأنتك		<u> </u>	<u></u>
a	debt-financed property						<del></del>		
Ь	not debt-financed property	· [							
B	Net rental income or (loss) from personal prope	ty	<del></del>						
9	Other investment income	•		ļ	<b></b>				
0	than inventory	•		ļ			<del></del>		
1	Net income or (loss) from special event	<del></del>	<del></del>	ļ	<del></del>		<del></del>		
2	Gross profit or (loss) from sales of inventory	F		}	<u> </u>				
3	Other revenue a MUT FUND SAI	!	32,100	ļ					
þ	APPREC ON INVESTMENT	·	23,665	<del> </del>	<del> </del>				
٦		·	· · · · · · · · · · · · · · · · · · ·	<del> </del>			<del></del>		
d		·		<del> </del>	<del> </del>		<del></del>		
e 4	Subtotal (add columns (B), (D), and (E)	\ <del>                                    </del>		2628					
<b>,</b> 5	Total (add line 104, columns (B), (D), and (E)		66,398						
-	Line 105 plus line 1e, Part I, should equi				• • • • • • •				6,39
	t VIII Relationship of Activitie			empt Purpos	Sec (See the it	netruction	<u></u>		
	No. Explain how each activity for wh								
	of the organization's exempt pur					210 0000	•	<u>-</u>	<u>-</u>
= 7							<del></del>		
_		<del></del>							
arl	t IX Information Regarding	Taxable Subs	idiaries and Disre	garded Entiti	es (See the in	structions	s )		
	Name, address, and EIN of corpora		(8)	(c		T	(D)	- (	E)
	partnership, or disregarded entit		Percentage of ownership interest	Nature of	activities	lotal	income		of-yea sets
			%						
_			%	_					
_			%						_
_			%						
ari	1 X Information Regarding	Transfers Ass	sociated with Pers	onal Benefit	Contracts (	See the i	nstruction	s.)	
1.5	Did the organization, during the year, i	eceive any funds,	directly or indirectly, to p	pay premiums or	a personal be	nefit cont	ract? .	Yes	
(a)			a anticon a series and a series as					Yes	$\square$ N
(ь)	Did the organization, during the year, ;			ersonal benefit c	ontracti			∐ 1es	_ ··
(ь)	) Did the organization, during the year, pote: If "Yes" to (b), file Form 8870 and For			ersonal benefit c	ontract?				

to a controlling organization as defined in section 512(b)(13)  Did the reporting organization make any transfers to a controlled entity.  (a)	m 990 (		ansfers To and From Contro	Iled Entities. Complete only if	Page 9 the organization
Name, address, of each controlled entity   Employer Identification   Description of transfer   Amount	Did	is a controlling organization as defined the reporting organization make any tr	ined in section 512(b)(13) ansiers to a controlled entity as defini		Yes No
Totals  Totals	the	(A) Name, address, of each	(B) Employer Identification	Description of	(D) Amount of transfer
Totals  107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(bX13) of the Code? If Yes, complete the schedule below for each controlled entity  (A) Name, address, of each controlled entity (B) (C) Description of transfer (C) Controlled entity (C) Description of transfer (C) Controlled entity (C) Description of transfer (C) Controlled entity (C) Description of transfer (C) Controlled entity (C) Description of transfer (C) Controlled entity (C) Description of transfer (C) Desc					
Totals  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  (a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
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    Name, address, of each   Employer Identification   Description of transfer   Amount					
Signature of affects   Signature of affects   Signature of affects   Signature of affects   Signature of affects   Signature of affects   Signature of affects   Signature of affects   Signature   Signature of affects   Signature   S		Totals		Andrew (1999) Andrew (1999)	
Name, address, of each controlled entity   Employer Identification   Description of transfer   Amount			-		Yes No
Totals  Did the organization have a binding written contract in effect on August 17, 2006, covering the inferest,  rents, royalties, and annuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kind and belief, this tipe, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief, the tipe of other has a complete.  Please  Signature of other has a complete the complete of the c		(A) Name, address, of each	(B) Employer Identification	(C) Description of	(D) Amount of transfer
Totals  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?  Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kne and belief, this que, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. The question of preparer (other than officer) is based on all information of which preparer has any known belief.  Paid Preparer's signature of officer   Date   Check if self-employed   Management   Date   D					
Did the organization have a binding written contract in effect on August 17, 2006, covering the inferest,  rents, royalties, and annuities described in question 107 above?  Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, this true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known signature of officer.  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Date  Check if self-employed.  JEROME P MUGGLI CPA  It self-employed.  Address, and Zip +  16 NORTH 3RD AVENUE  Phone no					
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?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is have, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known please  Sign  Here  Preparer's  Signature of officer  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Date  Check If self-employed  Firm's name (or yours if self-employed).  16 NORTH 3RD AVENUE  Phone no Proposed  Phone no Preparer's  Proparer's  Proparer's  Proparer's  Proparer's  Proparer's SSN or PTIN  Proparer's  Proparer's  Proparer's  Proparer's SSN or PTIN  Preparer's  Preparer's  Preparer's  Preparer's  Proparer's SSN or PTIN  Preparer's  Preparer's  Proparer's  Proparer's  Proparer's SSN or PTIN  Proparer's  Proparer's SSN or PTIN  Preparer's  Preparer's SSN or PTIN  Proparer's					
Please Sign Here  Preparer's Signature  Prep		Totals			Yes No
and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled.  Please  Sign  Here  Preparer's  Signature  Preparer's		its, royalties, and annuities described in	question 107 above?		
Type or print name and title  Preparer's signature  Preparer's SSN or PTIN  preparer's signature  Date Check if self-employed   I 0 - 08 - 2010 EIN  Firm's name (or yours if self-employed).  I 6 NORTH 3RD AVENUE  Phone no   Phone no   I 5 NORTH 3RD AVENUE	jn	and belief, 1945 true, correct, and complete of	Declaration of preparer (other than officer) is		
Use Only If self-employed).  16 NORTH 3RD AVENUE  address, and 2/P +		Preparer's signature	Date 10-08-	2010 self- employed ► X	er's SSN or PTIN (See Con. Inst. X)
	•	if self-employed).  address, and ZIP + 4	H 3RD AVENUE	Phone no ▶	3206858634 Form <b>990</b> (2007)

Cis Image - Do Not Correspond for Signature

JEROME P MUGGLI 471-46-5468 JEROME P MUGGLI, C PA BOX 475, COLD SPRING, MN 56320 FED. I.D. 41-1226428 STATE I.D. 6691779 Tel (320) 685-8634

	Statement of Program Service Accomplishments	2007 01
Name(s) as shown on return		Your Social Security Number
ST MARTIN FI	RE DEPT RELEIF ASSOC	41-1470487

## FORM 990, PART III (a)

Grants and Allocations \$0 Program Service Expenses \$34000 Includes Foreign Grants NO

## Explanation

FUND RETIREE SERVICE PENSION