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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $250,000 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*

200806

OMB No 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/1/2007 and ending 6/30/2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Randall Fireman's Relief Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite
8599 Highway 115

City, town, or country State ZIP + 4
Randall MN 56475

D Employer identification number
41-1552656

E Telephone number
320-749-2037

F Group Exemption Number ▶

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

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: ▶

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 55,266

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	12,867
	2	Program service revenue including government fees and contracts	2	27,500
	3	Membership dues and assessments	3	
	4	Investment income	4	14,899
	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 (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0
	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	0
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	55,266
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	24,300
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,300
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ Insurance and investment fees)	16	2,537
	17	**Total expenses.** Add lines 10 through 16 ▶	17	28,137
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	27,129
	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	322,788
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	349,917

Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	322,788	22	336,167
23	Land and buildings		23	
24	Other assets (describe ▶ Accounts Receivable)		24	13,750
25	**Total assets**	322,788	25	349,917
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	322,788	27	349,917

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)

What is the organization's primary exempt purpose? Pension fund for a municipal fire department

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

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

28 Account for assets of the fire relief pension fund who provides retirement, disability and/or death benefits to participating individuals who are members of the Randall Fire Department.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 28,137

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐ 31a 0

32 **Total program service expenses.** Add lines 28a through 31a ▶ 32 28,137

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(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
Name Jerome Stavish Str 5583 Coral Rd City Randall ST MN ZIP 56475	Title President Hr/WK minimal	0		
Name Wendell Schultz Str 26119 70th Ave City Randall ST MN ZIP 56475	Title Secretary Hr/WK minimal	0		
Name Chris Magee Str 8599 Hwy 115 City Randall ST MN ZIP 56475	Title Treasurer Hr/WK minimal	0		
Name Str City ST ZIP	Title Hr/WK .00	0		

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

Part V Other Information (Note the statement requirement in General Instruction V.) *(Continued)*

			Yes	No
40 a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	*501(c)(3) and (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 an explanation	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ none			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ none			
e	*All organizations*. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42 a	The books are in care of ▶ Name Chris Magee Telephone no. ▶ (320) 749-2037 Located at ▶ 8599 Hwy 115 City Randall ST MN ZIP + 4 ▶ 56475			
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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041***—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	N/A	

Please Sign Here

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

Signature of officer: Chris Magee Date: 10-11-10

Type or print name and title: CHRIS MAGEE - Treasure Relief

Paid Preparer's Use Only

Preparer's signature: W Paulson CPA	Date: 10/8/2010	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X): P00481186
Firm's name (or yours if self-employed), address, and ZIP + 4: Gary W. Paulson, CPA's, 61 First Ave NE, Little Falls MN 56345		EIN ▶ 41-1643869	Phone no ▶ (320) 632-3656

Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received

1	Contributions	1	
2	NonCash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	12,867
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	12,867

Line 16 (990-EZ) - Other Expenses 2,537

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Insurance	10	185
11	Investment fees	11	2,177
12	Dues	12	175
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	