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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assots less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150 2008

Department of the Treasury Internal Revenue Service

Open to Public Inspection

_			slendar year, or tax year beginning and ending			
	Chack if	le Pieaso	C Name of organization	DE	mployer	identification number
	Aderes	SAI oso IRS	GAYLORD FIRE DEPARTMENT	- 1		
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$\vdash$		Instruc-	City or town, state or country, and ZIP + 4			
	→ rouurn		· · · · · · · · · · · · · · · · · · ·		roup Exe	· ·
<u>ما</u>	Applica		GAYLORD, MN 55334-0432		umber )	
	• Sec	tion 501(c)		Accounting	method:	Cash X Accrual
			Schedule A (Form 990 or 990-EZ).	Other (spec		
		e: ▶ <u>N/</u>		Check 🕨	LXJ if	the organization is not
J	Organi:	zation type	(check only one)—— X 501(c) ( 3  ) ◀ (insert no.)  4947(a)(1) or  527 rec	nuired to atta	ch Sche	dule B (Form 990, 990-EZ, or 990-PF)
K	heck	<b>▶</b>	the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	nally not mor	e than \$	25,000. A return is not
r	equire		organization chooses to file a return, be sure to file a complete return.	•		•
			and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 9	990-F7	<b>▶</b> S	600,550.
	art I	Rever	nue, Expenses, and Changes in Net Assets or Fund Balances (See t	he instructio		
						56,009.
	1		ons, gifts, grants, and similar amounts received		1	30,003.
	2	-	ervice revenue including government fees and contracts		2	
	3		ip dues and assessments		3	
	4	Investment	it income .		4	9,906.
	5a	Gross amo	ount from sale of assets other than inventory			
	Ь	Less: cost	or other basis and sales expenses 5b			
	C	Gain or (tos	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		7 5c	
ě	6		ents and activities (complete applicable parts of Schedule G). If any amount is from gaming, check	here 🕨 🗓	, <del> </del>	
Revenue			enue (not including \$ of contributions		1	
Š	ľ			4,635	1	
α,	i	reported or				
	D		<u> </u>	1,063	<b>-</b>	2 - 22
	C		e or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	3,572.
	7a	Gross sales	s of inventory, less returns and allowances			
	b	Less: cost	of goods sold 7b			
	C	Gross profi	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe >		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	69,487.
	<u> </u>		Similar amounts paid (attach schedule) RECEIVED		10	05,1071
	l				-	
_			aid to or for members		11	2 100
Expenses	12		ther compensation, and employee benefits SEP 23 2013		12	2,100.
Ë	I		al fees and other payments to independent contractors		13	3,550.
Š.	14	Occupancy,	r, rent, utilities, and maintenance TPR BRANCH		14	
_	15	Printing, pu	ublications, postage, and shipping OGDEN		15	
	16	Other exper	nses (describe SEE STATEME	NT 1	16	15,215.
	17	Total expe	nses. Add lines 10 through 16		17	20,865.
	18	Excess or (	(deficit) for the year (Subtract line 17 from line 9)	1	18	48,622.
Net Assets			or fund balances at beginning of year (from line 27, column (A))			
SS	,		e with end-of-year figure reported on prior year's return)		19	374,530.
et 4			ges in net assets or fund balances (attach explanation)  SEE STATEME	NT 4	20	<5,468.>
ž				1147 3	_	417,684.
<u> </u>			or fund balances at end of year. Combine lines 18 through 20 ice Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 inst	tood of Form	21	417,004.
Pa	rt II	Dalail				193 C - 4 - 4
	_		(1,1,20)	nning of year		(B) End of year
22				73,22		415,379.
23	Lanc	and buildir	<u> </u>		23	
24	Othe	r assets (de	escribe► SEE STATEMENT 2 )	2,50	3 . 24	2,888.
25	Tota	l assets		75,72	7 . 25	418,267.
26	Tota	l liabilities	(describe SEE STATEMENT 3 )	1,19		583.
27				74,530		417,684.
8321 12-17	71		or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990		• • • • • •	Form <b>990-EZ</b> (2008)
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						711

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POIN	1 990-EZ (2008) RELIEF ASSOCIATION			# T	104/3	
	art III   Statement of Program Service Accomplishme		Part III.)			xpenses
Wha	it is the organization's primary exempt purpose? SEE STATEMENT	. 6			(Required	for 501(c)(3) ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		4947(á)(1	) trusts; optional
	rided, the number of persons benefited, or other relevant information for each pi	rogram title.			for others	)
28	PENSION BENEFIT EXPENSE				{	
		·			<b>!</b>	
						6 050
	(Grants \$ ) If this amount includes foreign	grants, check here	. ▶		28a	6,050.
29	**************************************		<del> </del>		ll	
		<del></del>				
	(Grants \$ ) If this amount includes foreign	arante chack here	•		29a	
30	Titula directit includes foreign	grants, arconnere			1.04	
	· · · · · · · · · · · · · · · · · · ·	<del></del>				
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		318	
32	Total program service expenses (add lines 28a through 31a)			<b>&gt;</b>	32	6,050.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated.	(See the	instructions	or Part IV )
		(b) Title and average hours	(c) Compensation		ntributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
	, ·	position	0)	d	eterred	other allowances
				com	pensation	
	FF WALKER	PRESIDENT			•	
	YLORD, MN 55334	1.00	700.	ļ	0.	0.
	N SING	VICE PRESIDEN			^	
	YLORD, MN 55334	1.00 SECRETARY	0.		0.	0.
	LE GROCHOW YLORD, MN 55334	2.00	700.		0.	0.
	RRY HAHN	TREASURER	700.	├	<u>u.</u>	· · ·
	YLORD, MN 55334	2.00	700.		0.	0.
	RK KUPHAL	TRUSTEE	700.	-	<u> </u>	
	YLORD, MN 55334	1.00	0.	l	0.	0.
	RC MESSNER	TRUSTEE	•			
	YLORD, MN 55334	1.00	0.		0.	0.
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Form **990-EZ** (2008)

Form 990-EZ (2008) RELIEF ASSOCIATION 41-1647336 Page 3 Part V Other Information (Note the statement requirements in the instructions for Part VI.) No Yes 33 X 33 Did the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity X 34 Were any changes made to the organizing or governing documents but not reported to the IRS2 if Tyes Tattach a conformed copy of the change 34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy 35a tax requirements? X b If "Yes," has it filed a tax return on Form 990-T for this year? 35b X 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,\* complete applicable parts of Sch. N 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. X b Did the organization file Form 1120-POL for this year? 37b 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 unpaid at the start of the period covered by this return? X 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 N/A 395 b 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. 0 . ; section 4912 🕨 \_\_\_ 0 . ; section 4955 ► section 4911 ▶ b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or X 40b did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. > MN Telephone no ► 507-237-5165 42a The books are in care of ► JERRY HAHN ZIP+4 ► 55334 Localed at ▶ 1117 8TH ST, GAYLORD, MN b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X 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. 42c 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: ▶□ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form 990-EZ (2008)

44

45

X

Form 990-EZ

completed instead of Form 990-EZ

GAYLORD FIRE DEPARTMENT Form 990-EZ (2008) RELIEF ASSOCIATION			41-16473	36	Page 4
Part VI Section 501(c)(3) organizations only. All section tables for lines 50 and 51.	501(c)(3) organizations mus	t answer question	s 46-49 and cor	nplete th	ne
46 Did the organization engage in direct or indirect political campaign activities of	n hebalf of or in opposition to o	andidates for nublic		Ye	s No
office? If "Yes," complete Schedule C, Part I	in dental of or in opposition to t	andiduces for public	Г	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Sche	dule C. Part II	- •	ļ-	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)	• • •	ule E	· · · · · ·	48	X
49a Did the organization make any transfers to an exempt non-charitable related o	•		·	49a	X
b If Yes," was the related organization(s) a section 527 organization?			` . `. <b>F</b>	49b	
Complete this table for the five highest compensated employees (other than o of compensation from the organization. If there is none, enter "None."	fficers, directors, trustees and	key employees) who			100,000
(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) E)	rpense int and lowances
Total number of other employees paid over \$100,000					
51 Complete this table for the five highest compensated independent contractors is none, enter "None." NONE	who each received more than	\$100,000 of comper	sation from the o	ganizatio	n. If ther
(a) Name and address of each independent contractor paid more to	han \$100,000	(b) Type of ser	vice (c)	Compen	sation
					-
Total number of other independent contractors each receiving over \$100,000	<b>•</b>				

Tatalawah	5100 000			
Sign Here	er of other hadependent contractors each receiving over \$100,000  Unifor penalties of pearly. I Suchine that have examined this return, including accorded, and complete Declaration of preparer (other than officer) is based on all in Signature of other more and title.	formation of which preparer h	atements, and to the bi as any knowledge	est of my knowledge and belief, it is true,    10 - 6 - 4  Date
Paid Preparer's	Preparer's signature Thom J. Clay	Date 9/2/11	Check if self- employed	Preparer's Identifying Number (See instr.)
Use Only	ABDO, EICK & MEYERS, LI Il sell-employed) address, and ZIP+4 MANKATO, MN 56001	Phone ► 507-625-2727		
May the IRS	5 discuss this return with the preparer shown above? See instructions			➤ X Yes N
				Form 990_67 (2006

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2008
Open to Public Inspection

Oppartment of the Treasury Internal Revenue Service

Name of the organization

GAYLORD FIRE DEPARTMENT RELIEF ASSOCIATION

Employer identification number 41-1647336

Part Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete the Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b \_\_\_\_ Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (iii) Type of (iv) is the organization (v) Old you notify the (vr) is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col (i) organized in the U.S.? organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section Nο No No (see instructions)) Yes Yes Yes

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 RELIEF ASSOCIATION

41-1647336 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Catendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 52,279. 245,590. include any "unusual grants") 48,430 43,025 45,847. 56,009. 2 Tax revenues fevied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 52,279. 48,430. 43,025. 45,847. 56,009. 245,590. 4 Total, Add lines 1, 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 245,590. 6 Public Support. Subtract line 5 from line 4

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(1) Total
7 Amounts from line 4	52,279.	48,430.	43,025.	45,847.	56,009.	245,590.
8 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources	2,654.	9,380.	12,150.	13,472.	9,906.	47,562
Net income from unrelated business activities, whether or not the business is regularly carned on	6,052.	<8,887.		<5,098.		
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0,032.	<0,007.	14,320.	<b>\3,030.</b>	5,312.	3,307
11 Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·		·	-	303,119.
12 Gross receipts from related activities e	etc. (see instruction	ns)			12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 81.02 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright \mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**▶**□

Schedule A (Form 990 or 990-EZ) 2008  Part III   Support Schedule for	or Organizations	Described in	Section 509/a	(Complete onl	u if you checked the h	Page 3
Section A. Public Support	3			71-7 (Complete on	y ii you cheakea the c	JON OIL HINE O' OF T UT!
Calendar year (or fiscal year beginning in	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(4) 200 .	1	1 19/200	(4/200)	(0)2000	17.13.2
membership fees received. (Do no	ot	1				ŀ
include any "unusual grants.")			i			1
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purposit						
3 Gross receipts from activities that		†	<u> </u>	<del>                                     </del>		<del> </del>
are not an unrelated trade or bus-		+		i	1	
iness under section 513				ļ		
4 Tax revenues levied for the organ-		<del>                                     </del>	<u> </u>	<del> </del>	<del></del>	
ization's benefit and either paid to	i i			j		i
or expended on its behalf			ł		1	1
5 The value of services or facilities			<del> </del>		1	<u> </u>
furnished by a governmental unit	to		1	]	1	
the organization without charge				1	1	
6 Total, Add lines 1 · 5			<del> </del>	<del> </del>	<del></del>	
7a Amounts included on lines 1, 2, ar	nd			<del> </del>		-
3 received from disqualified perso						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 1 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract fine 7c from line 6)				L		
Section B. Total Support						
Calendar year (or fiscal year beginning in	)▶ (a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from business acquired after June 30, 1975	es					
c Add lines 10a and 10b	•	1	<u> </u>	<u> </u>	<del> </del>	
11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on	ss					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12	1	T		1	1	
14 First five years. If the Form 990 is		's first, second, the	rd, fourth, or fifth ta	ax vear as a secti	on 501(c)(3) organiz	zation.
check this box and stop here			.,,	,,		▶□
Section C. Computation of Pu	iblic Support Pe	ercentage	·		<u> </u>	<u> </u>
15 Public support percentage for 200		<del></del>	column (fl)		15	96
16 Public support percentage from 20	• • • • • • • • • • • • • • • • • • • •	•		•	16	96
Section D. Computation of In-			<del></del>		1,:-	
17 Investment income percentage for		<del></del>			17	%
18 Investment income percentage fro	•	• • • • • • • • • • • • • • • • • • • •		•	18	96
19a 33 1/3% support tests - 2008. If t				15 is more than		
more than 33 1/3%, check this bo	-					▶□
b 33 1/3% support tests - 2007. If t		•				and
line 18 is not more than 33 1/3%,						

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 8a.

2008 Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GAYLORD FIRE DEPARTMENT

Inspection
Employer Identification number

RELIEF ASSOCIATION 41-1647336 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e J Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations J Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (v) Amount paid to (or retained by) (III) Did (vi) Amount paid (i) Name of individual (iv) Gross receipts (ii) Activity to (or retained by) have custody or control of contributions or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990 EZ) 2008 RELIEF ASSOCIATION

Part III Fundraising Events Complete if the crossovation appeared "Ven"

41-1647336 Page 2

		on Form 990-EZ, line 6a. List events with	(a) Event #1	(b) Event #2	(c) Other Events		f) Tota		
a)			(event type)	(event type)	(total number)	1	col.	(c))	
Revenue									
æ	1	Gross receipts				-			
	2	Less: Charitable contributions							
	3	Gross revenue (line 1 minus line 2)							
	4	Cash pnzes				ļ			
ses	5	Non-cash prizes							
Direct Expenses	6	Rent/facility costs							
Direct	7	Other direct expenses				ļ			
	8	Direct expense summary. Add lines 4 throug	h 7 in column (d)		•	<u>(</u>			
	9	Net income summary. Combine lines 3 and 8	3 in column (d)		•				
Pa	rt		answered "Yes" to For	m 990, Part IV, line 19, or i	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	(2) 2000	(b) Pull tabs/Instant	(-) Other remark	(d) T	otal ga	ming	(Add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming		) thro		
<u></u>	1	Gross revenue .			534,635.	<u> </u>	53	4,6	35.
S9	2	Cash prizes			449,741.		44	9,7	41.
xpens	3	Non-cash prizes			·				
Direct Expenses	4	Rent/facility costs			16,802.		1	6,8	02.
_	5	Other direct expenses			64,520.		6	4.5	20.
		·	Yes %		Yes %				
	6	Volunteer labor	L No	No No	X No	<del> </del>			
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)			(	53	1,0	63.
	8	Net gaming income summary. Combine lines	1 and 7 in column (d)		<b>&gt;</b>			3,5	72.
۵	Ent	er the state(s) in which the organization opera	itas camina activition: 1	MINT				Yes	No
		he organization licensed to operate gaming ac	• •				9a	X	
b	If "	No,* Explain:							
	<del></del>								-
		re any of the organization's gaming licenses re Yes," Explain.	evoked, suspended or !	terminated during the tax y	year?	•	10a		Х
44							4.5		
11 12		es the organization operate gaming activities v he organization a grantor, beneficiary or truste		er of a partnership or other	rentity formed to	·	11	X	
		ninister charitable gaming?	<del>-</del>	ere i erenge er en er		Ì	12		x

Schedule G (Form 990 or 990-EZ) 2008 RELIEF ASSOCIATION 41-1647	733	6 P	age 3
		Yes	
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a %	- 1		ł
b An outside facility 13b 100.00 %	- 1	'	1
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			i
MDAVIC ODACY	ł		
Name ► TRAVIS GRACK			İ
Address ▶ P O BOX 871 - GAYLORD, MN 55334			ļ
Addiss P = 0 2011 0/12 dill 2012) 121 33331			1
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		İ	
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address:			
No D	ŀ		
Name	l		
Address >	1		
	ŀ		
16 Gaming manager information:	- {		
	l		
Name ► SCOTT KUPHAL	ļ		
Carring massess normalism <b>b</b> # 4 200			
Gaming manager compensation ► \$ 4,200.	ľ		
Description of services provided   GAMBLING MANAGER COMPENSATION			1
	ľ		l
		i	
	ı		1
Director/officer X Employee Independent contractor	- 1		
	j		
17 Mandatory distributions:	ı		
a is the organization required under state law to make chantable distributions from the gaming proceeds to	<del></del>		<b></b>
	17a		-
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	1		

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
CONVENTIONS AND MEETINGS			2,306.
DUES			168.
FUNDRAISING EXPENSES			4,606.
PROMOTIONAL OFFICE SUPPLIES			6,385. 278.
CLOTHING			1,072.
BOND			400.
TOTAL TO FORM 990-EZ, LINE 16			15,215.
FORM 990-EZ	OTHER ASSETS	A	STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
GRANTS RECEIVABLE		1,000.	1,000.
INVENTORY		1,050.	645.
INTEREST RECEIVABLE		453.	1,243.
TOTAL TO FORM 990-EZ, LINE 24		2,503.	2,888.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 3
		BEG. OF YEAR	END OF YEAR
DESCRIPTION		DEG. Of TEM	END OF TEAR
DESCRIPTION  ACCOUNTS PAYABLE		825.	0.
ACCOUNTS PAYABLE DEFERRED REVENUE		825. 327.	0. 545.
ACCOUNTS PAYABLE		825.	0.

FORM 990-EZ	OTHER C	HANGES	IN N	T ASSETS	OR	FUND	BALANCES	STATEMENT	4
DESCRIPTION								AMOUNT	
NET UNREALIZED LOSS IN MARKET VALUE NET ADDITION OF GENERAL FUND BALANCE FROM PRIOR YR							<33,4! 27,98		
TOTAL TO FORM	990-EZ,	LINE 20	)					<5,40	58.>

FORM 990-EZ		RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT				
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	ĺ	]	YES	[X]	NO			
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [	]	YES	[X]	NO			

GAYLORD	FIRE	DEPARTMENT	RELIEF	ASSOCIATI

41-1647336

990-EZ PG 2 STATEMENT

TO PROVIDE RETIREMENT BENEFITS TO VOLUNTEER FIREFIGHTERS