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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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2010

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 assets 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

Open to Public Inspection

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В	Check it applicat	of Please C Name of organization		D Emplo	yer i	dentification number					
Г	Addre	tess use IRS use IRS		1727332 41-1 47215 4							
一三	Name	label or	41	41 - 1-A 7915- A							
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닏	lation	n linetrus IFO DOA 333			507-324-5707						
느	—∙retun	ended tions City or town, state or country, and ZIP + 4		F Group	Group Exemption						
L	Applio	LEROY, MN 55951		Numb	er 🕨	>					
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comple	eted G Acco	ounting met	hod:	Cash X Accrual					
		Schedule A (Form 990 or 990-EZ)		er (specify)							
	Wahei	ite: ▶ N/A	H Che			he organization is not					
						-					
	Check		ipts are normally	not more un	an Dz	25,000. A return is not					
		ed, but if the organization chooses to file a return, be sure to file a complete return.									
		nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 inste			<u> \$ </u>	38,423.					
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ices (See the in:	structions fo	or Pai	rt l.)					
	1	Contributions, gifts, grants, and similar amounts received			1	10,948.					
	2	Program service revenue including government fees and contracts			2						
	3	Membership dues and assessments	•		3	194.					
	4	Investment income			4	1,403.					
	1 1	1 1		-	-	1,403.					
	5a										
	b	Lungii - , , lungi	·····								
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach scho	edule)	_	5C)						
ne	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from ga	ming, check here	▶∐│	11 12						
Je /	a	Gross revenue (not including \$ of contributions		ŀ		5					
Revenue		reported on line 1) 6a	21.	330.	1	OC7 1€K2010					
_	h	Less: direct expenses other than fundraising expenses 6b	10	511.	1	00.7 10010					
	C				6c	.C10,819.					
	_	· / / / / /		112	$\overline{}$						
	7a	7a Gross sales of inventory, less returns and allowances 7a				DCDEN, UTAH					
	b				Į	, _ 33 33 8					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<u> </u>	7c						
	8	Other revenue (describe FIRE EXTINGUISHER SALES & SER	VICE_)	8	4,548.					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	27,912.					
	10	Grants and similar amounts paid (attach schedule)			10						
	111	Benefits paid to or for members	E 2010		11	12,588.					
ģ	12	Salaries, other compensation, and employee benefits OCT 1	9 7010	Г	12	400.					
Se	13		CH		13	275.					
Expenses	14		_		14	2,31					
Ä			EM. UTAK	≕ 1							
	15	· ····································			15	10 254					
	16		<u>TATEMENT</u>		16	12,354.					
	17	Total expenses. Add lines 10 through 16	 		17	25,617.					
co.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	2,295.					
ĕ	19	Net assets or fund balances at beginning of year (from line 27, column (A))									
Ąŝ		(must agree with end-of-year figure reported on prior year's return)			19	140,924.					
Net Assets	20		TATEMENT	' 2	20	<14,173.>					
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	129,046.					
Б	art II		orm QQN inctood								
	art II	(See the instructions for Part II.)			1						
		·	(A) Beginning			(B) End of year					
22		ish, savings, and investments	140	,924.	$\overline{}$	118,098.					
23		nd and buildings			23						
24	Oth	her assets (describe ► ACCOUNTS RECEIVABLE)		0.	24	10,948.					
25	Tot	ital assets	140	,924.	25	129,046.					
26	Tot	ıtal liabilities (describe ▶)		0.	26	0.					
27	Net	et assets or fund balances (line 27 of column (B) must agree with line 21)	140	,924.	27	129,046.					
832	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 9				Form 990-EZ (2008)					

	m 990-EZ (2008) LEROY FIRE RELIEF ASSOC			41-	-14721	.54 Page 2
P	art III Statement of Program Service Accomplishm	nents (See the instructions for	Part III.)		E	xpenses
Wh	at is the organization's primary exempt purpose? SEE STATEME!	NT 4			(Required	for 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purposes. vided, the number of persons benefited, or other relevant information for each		escribe the services		4947(a)(1 for others	ganizations and) trusts; optional .)
28	FIREFIGHTERS PENSION FUND					
			·			
	(Grants \$) If this amount includes foreign	n grants, check here			28a	12,588.
29						
			<u>. </u>		1	
				_		
	(Grants \$) If this amount includes foreig	ın grants, check here		_L	29a	_
30						
			····			
0.4	(Grants \$) If this amount includes foreign	in grants, check here		لــــا	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign	o granta abaal bara	_		24.	
22	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	in grants, check here			31a 32	12,588.
	art IV List of Officers, Directors, Trustees, and Key	/ Employees, List each one of	ven if not compensated	(See the		for Part IV)
<u> </u>	<u> </u>	Lisi each one e	Veri ii not compensated		ontributions	
	6 Marca and address	(b) Title and average hours	(c) Compensation	to e	employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0-)		efit plans & leferred	account and other allowances
		position	-0-7		pensation	Uniter allowances
BF	RENT DOHLMAN	PRESIDENT		 -	<u> </u>	
_	BOX 359, LEROY, MN 55951	2.00	0.		0.	0.
_	ATT MAIN	SECRETARY				
_	BOX 359, LEROY, MN 55951	2.00	0.		0.	0.
JA	ASON SOLTAU	TREASURER				
PC	BOX 359, LEROY, MN 55951	2.00	200.		0.	0.
D <i>P</i>	AVID FARLINGER	VICE PRESIDEN	T			
PC	BOX 359, LEROY, MN 55951	2.00	0.	<u> </u>	0.	0.
	HASE HUNTLEY	TRUSTEE				
	D BOX 359, LEROY, MN 55951	2.00	0.		0.	0.
_	RANDON DOHLMAN	TRUSTEE				
<u>P(</u>	D BOX 359, LEROY, MN 55951	2.00	0.	<u> </u>	0.	0.
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832 12-	1/2 17-08				Form	990-EZ (2008)

yes No yes any changes mady activity not previously reported to the IRS? If "yes," attach a detailed description of each activity is the organization and income from business activities, such as those reported to the IRS? If "yes," attach a conformed copy of the changes if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on 6rm 990-T, activities, such as themse responsing your reason for not reporting the income on Form 990-T, and provy tax requirements? a bit the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and provy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? it is there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N it is the er a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N it is the er aliquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 38	P	art V Other Information (Note the statement requirements in the instructions for Part VI)					
34 We were any changes made to the organizing or governing documents but not reported to the IRS2 ** ** ** ** ** ** ** ** ** ** ** ** * *				Yes	No		
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 at a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, 1 has it field a fax return on Form 990-T for this year? b If Yes, 1 has it field a fax return on Form 990-T for this year? b If Yes, 1 has it field a fax return on Form 990-T for this year? b If Yes, 1 has it field a fax return on Form 990-T for this year? b If Yes, 1 has a field a fax return on Form 990-T for this year? b If Yes, 1 has a field a fax return on Form 990-T for this year? b If Yes, 2 has a field a fax return on Form 990-T for this year? b If Yes, 2 has a field a fax return on Form 990-T for this year? b If Yes, 2 has a field a fax return on Form 990-T for this year? a b Did the organization flow form 1120-POL for this year? b If Yes, 2 has a field a fax return on Form 990-T for this year? a b Did the organization flow form 1120-POL for this year? b If Yes, 2 has a field a fax return on Form 990-T for this year? a b Did the organization flow form 1120-POL for this year? b If Yes, 2 complete Schedule L, Part II and enter the total amount involved a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: a Intiation fees and capatic activition to fine an excess benefit transaction of the organization engage in any section 4958 excess benefit transaction during the year ordid it to become aware of an excess benefit transaction from a prior year? If Yes, 2 complete Schedule L, Part II and enter the activities and the section 4912 Poly organization and the organization and party to a prohibited tax shelter transaction of the Yes, 2 complete Form 886-T 1 List the states with which a copy of this return is filed. ▶ MN Yes No	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X		
a Did the organization have unrelated business gross income of \$1,000 or more or section 603(e) notice, reporting, and proxy tax requirements? b If 'Yes,' has if lifed a tax return on Form 990-T for this year? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,' complete applicable parts of Sch. N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. b If 'Yes,' complete schedule L, Part II and enter the total amount involved 38 Did the organization brown from, or make any long to not so, 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? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 Section 30 (Ic(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39 Section 30 (Ic(3) organizations. Enter amount of 12 x imposed on the organization during the year under: section 4911 ★ N/A : section 4912 ★ N/A : section 4915 ★ N/A b Section 501(c(3) and (4) organizations. Enter amount of 12 x imposed on organization engage in any section 4955 ★ N/A b Section 501(c(3) and (4) organizations. Did the organization engage in any section 4955 Schedule L, Part I of did the Deceme aware of an excess benefit transaction from a prior year? If Yes, complete Schedule L, Part I c Enter amount of 12x imposed on organization from a prior year? If Yes, complete Schedule L, Part I List the states with which a copy of this return is filed. ★ MN 21P + 4 ★ 55951 b All any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 886-T. List the states with which a copy of this return is filed. ★ MN 21P + 4 ★ 55951 b All 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. ★ See the mistructio	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					
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b 11*Yes,* has if lited a tax return on Form 990-T for this year? 35 11*Yes,* has if lited a tax return on Form 990-T for this year? 36 Na Start Brea a liquidation, dissolution, terrimitation, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N. 37 The start amount of political expenditures, direct or indirect, as described in the instructions. 38 Did the organization beform 1120-POL for this year? 39 Subtained a tax seturn on Form 190-POL for this year? 30 Did the organization beform 1120-POL for this year? 30 Did the organization beform 1120-POL for this year? 31 All the organization beform 1120-POL for this year? 32 All the organization beform 1120-POL for this year? 33 Did the organization beform 1120-POL for this year? 34 Did the organization before the pend covered by this return? b 14*Yes,* complete Schedule L, Part I and enter the total amount involved 39 Section 501(c)(7) organizations. Enter amount of text imposed on the organization during the year under: 39 Section 501(c)(3) organizations. Enter amount of the imposed on the organization during the year under: 39 Section 501(c)(3) and (4) organizations. Bot 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,* complete Schedule L, Part I 40 Enter amount of tax imposed on organization managers or disqualified persons during the year under: 41 Section 491(2, 4955, and 4958) 42 The books are in care of JASON SOLTAO	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not					
tax requirements? If Yes, 'has it flied a tax return on Form 990-T for this year? 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 year? If Yes, 'complete applicable parts of Sch. N The the organization form of the organization of the organization form of the 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? If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A Section 501(c)(3) and (4) organizations or a prior year? If Yes, complete Schedule L, Part I is a first amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 to 495, and 4958 If the tirst amount of tax on line 40c reimbursed by the organization aparty to a prohibited tax shelter transaction? If Yes, 'complete Form 886-T If the books are in care of ▶ JASON SOLTAU Telephone no. ▶ 507 – 434 – 4748 Telephone no. ▶		reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.					
b If Yes, has it filed a tax return on Form 990-T for this year? 85b N/A 87c Enter amount of political expenditures, direct or indirect, as described in the instructions. 87c Enter amount of political expenditures, direct or indirect, as described in the instructions. 87c Enter amount of political expenditures, direct or indirect, as described in the instructions. 87c Enter amount of political expenditures, direct or indirect, as described in the instructions. 87c Enter amount of political expenditures, direct or indirect, as described in the instructions. 87d If Yes, complete Schedule L, Part II and enter the total amount involved 87d If Yes, complete Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the total amount involved 87d Instruction Schedule L, Part II and enter the tax veral	а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy					
## Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N 37a		tax requirements?	35a				
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/			
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still impaid at the start of the period covered by this return? b If Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Did the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A b Section 501(c)(3) 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," 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 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8866-T List the states with which a copy of this return is filed. ► MN Telephone no. ► 507 - 434 - 4748 Located at ► 112 W LOWELL ST, LEROY, MN Telephone no. ► 507 - 434 - 4748 Located at ► 112 W LOWELL ST, LEROY, MN Telephone no. ► 507 - 434 - 4748 Located at ► 112 W LOWELL ST, LEROY, MN Telephone no. ► 507 - 434 - 4748 If Yes, enter the name of the foreign country; ► See the instructions for exceptions and filing requirements for Form T0 F 90-22.1, Report of Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maniation maniation and office outside of the U.S.? If Yes, enter the name of the foreign country; ► See the instructions for exceptions and filing requirements for Form T0 F 90-22.1, Report of Foreign Bank and Financial Accounts Yes No 10 the organization manitain any d	36		36		X		
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? 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 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: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 5 Section 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,* complete Schedule L, Part I and organization and the section 4912 4958. 4 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 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 transaction? If Yes,* complete Form 8886-T 4 List the states with which a copy of this return is filed. ► MN 4 In books are in care of ► JASON SOLTAU Telephone no. ► 507-434-4748 Located at ► 112 W LOWELL ST, LEROY, MN ZIP-4 ► 55951 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; ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 42b X 1 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 1 Yes No 42b In the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ 45 Is any rela	37 a	7a Enter amount of political expenditures, direct or indirect, as described in the instructions.					
an a prior year and still unpaid at the start of the period covered by this return? b if "Yes", complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A b Section 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," complete Schedule L, Part I can be sections 4912, 4955, and 4958 d Enter amount of tax mipsoed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 886-T 40e X 11 List the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the books are in care of ► JASON_SOLTAU 12 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 21 Let the states with which a copy of this return is filed. ► MIN 22 Let a with a copy of this return	b	Did the organization file Form 1120-POL for this year?	37b		X		
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4915 N/A ; section 4915 N/A ; section 4955 N/A b Section 501(c)(3) and (4) organizations. Out the organization engage in any section 4955 excess benefit transaction during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A b Section 501(c)(3) and (4) organizations. Out the organization engage in any section 4955 excess benefit transaction during the year or 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 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 transaction? If "Yes," complete Form 886-T 1 List the states with which a copy of this return is filed. MN Telephone no. 507-434-4748 Located at 112 W LOWELL ST, LEROY, MN Telephone no. 507-434-4748 ZIP+4 55951 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. See the instructions for exceptions and filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the fo	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	.				
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A 39b N/A 39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 except 4958 benefit transaction during the year or 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 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes, "complete Form 8886-T List the states with which a copy of this return is filed. ▶ MN 1 Located at ▶ 112 ₩ LOWELL ST, LEROY, MN Located at ▶ 112 ₩ LOWELL ST, LEROY, MN 2 IP + 4 ▶ 55951 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 accounts or a foreign country; see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts A tany time during the calendary year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: ▶ 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 Yes No Yes No Yes No Yes No 10 dithe organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ 10 to the organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,			38a		X		
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	tables for lines 50 and 51	tion on habalf of as a parameter to			V	s No
	e organization engage in direct or indirect political campaign activi ? If "Yes," complete Schedule C, Part I	nies on benair of or in opposition to o	candidates for public	ſ		S NO
	e organization engage in lobbying activities? If "Yes," complete	Schadula C. Part II			46 47	
	organization operating a school as described in section 170(b)(1)		ula E		48	
	e organization make any transfers to an exempt non-charitable rela		uie C	-	49a	
	s," was the related organization(s) a section 527 organization?	ated organization.		-	49b	+
	lete this table for the five highest compensated employees (other t	than officers, directors, trustees and	kev emplovees) who	each received m		100 000
	mpensation from the organization. If there is none, enter "None."	,,,,	,			,
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(E) E	xpense Int and lowances
1 Compl	er of other employees paid over \$100,000 lete this table for the five highest compensated independent contra e, enter "None." N/A	actors who each received more than	\$100,000 of comper	nsation from the o	organizatio	on. If there
	(a) Name and address of each independent contractor paid in	nore than \$100,000	(b) Type of ser	vice (c) Comper	sation
			_			•
	1-14-14-14-14-14-14-14-14-14-14-14-14-14	· . · · · · · · · · · · · · · · · · · ·				
otal numbe	er of other independent contractors each receiving over \$100,000	•				
Sign	er of other independent contractors each receiving over \$100,000 Under penalties of perpiry, I declare that I have examined this return, includicorrect, and complete Declaration of prepare (other than officer) is based of	ing accompanying schedules and statemen in all information of which preparer has any	ts, and to the best of my knowledge	knowledge and bel		
Sign	Under penalties of perjury, I declare that I have examined this return, includi-	ing accompanying schedules and statemen in all information of which preparer has any	ts, and to the best of my knowledge			
Sign Here Paid Preparer's	Under penalties of perpiry, I declare that I have examined this return, includicement, and complete Declaration of preparer (other than officer) is based of Signature of britter BRENT DOHLMAN, PRESIDENT	Date Che	knowledge		-10	
Sign Here Paid Preparer's Use Only	Under penalties of perpry, I declare that I have examined this return, includic correct, and complete Declaration of preparer (other than officer) is based of Signature of officer BRENT DOHLMAN, PRESIDENT Type or print name and title Preparer's signature SMITH, SCHAFER AND A if self-employed), 220 SOUTH BROADWAY,	Date to 1.5/w Che emp	ck if self- lloyed Frep	Date Date Date Date	ımber (See	nstr)
Sign dere Paid Preparer's Ise Only	Under penalties of perpury, I declare that I have examined this return, includic correct, and complete Declaration of preparer (other than officer) is based on Signature of britter BRENT DOHLMAN, PRESIDENT Type or print name and title Preparer's Signature SMITH, SCHAFER AND A	Date Che emp SSOC., LTD. SUITE 102	ck if self- lloyed	Date Date Date Arer's Identifying No.	ımber (See	nstr)

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2008

Name of the organization						Employer ide	ntification number
LEROY I	FIRE RELIEF ASSOCIA	ATIC	N			41-1472	154
	S. Complete if the organization answ				_	<u>'. </u>	
b If "Yes," list the ten highest paid inc	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of I fundra I (inclu- profess suant to	non-g gover alsing ding o ional to agre	overnment grants rnment grants events fficers, directors, true fundraising services? ements under which	stees the fu	Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii)	Did aiser ustody trol of	(iv) Gross receipts from activity	(v) A to (or	Amount paid r retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		 					
		<u> </u>					
					i		
		-					
		-					
otal							
3 List all states in which the organization	on is registered or licensed to solicit t	funds (or has	been notified it is ex	empt	from registration	on or licensing
· <u></u>							
		<u>.</u>					
							
						-	

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

Sche<u>dule G (</u>Form 990 or 990-EZ) 2008 LEROY FIRE RELIEF ASSOCIATION 41-1472154 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events NONE (Add col. (a) through DANCE DINNER col. (c)) (event type) (event type) (total number) Gross receipts 9,330 12,000 21,330. 2 Less Chantable contributions 9,330. 12,000 3 Gross revenue (line 1 minus line 2) 21,330. Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 2,250. 8.261 Other direct expenses 10,511. 8 Direct expense summary. Add lines 4 through 7 in column (d) 10,511, 10,819. Net income summary. Combine lines 3 and 8 in column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

<u>SCr</u>	redule G (Form 990 or 990-EZ) 2008 LEROY FIRE RELIEF ASSOCIATION 41-14	<u>/215</u>	4 Pa	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
	a The organization's facility 13a %	-		
	An outside facility	_		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	of "Yes," enter name and address			
	Name ►			
	Address N			
	Address			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-	Mandatan distributions			
	Mandatory distributions:			
a	s Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	174		
	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	17a		
L	organization's own exempt activities during the tax year > \$			
	organization of our exempt detailed during the tax year y	1		L

Schedule G (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
DUES BOND FIRE EXTINGUISHERS AND EQUIPMENT BANK CHARGES	י	186. 100. 12,049. 19.
TOTAL TO FORM 990-EZ, LINE 16		12,354.
FORM 990-EZ OTHER CHANGES IN	NET ASSETS OR FUND BALANCES	STATEMENT 2
DESCRIPTION		AMOUNT
UNREALIZED LOSS ON INVESTMENTS		<14,173.>
TOTAL TO FORM 990-EZ, LINE 20		<14,173.>

FO	RM 990-EZ	INFORMATION ASSOCIATED WITH	I REGARDING TRAN PERSONAL BENEFI	_		Sī	ATEN	1ENT	3
A)	DIRECTLY OR	NIZATION, DURING INDIRECTLY, TO PA	Y PREMIUMS ON A	PERSONAL		1	YES	[X]	NO
B)		NIZATION, DURING INDIRECTLY, ON A			{]	YES	[X]	NO

990-EZ PG 2

STATEMENT

1

PROVIDE RETIREMENT BENEFITS TO FIRE RELIEF VOLUNTEERS IN THE CITY OF LEROY.