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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning		, 2008, and ending	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Please use IRS label or print or type. See Specific Instructions. <i>Welcome Firemen's Relief Association</i> Number and street (or P O box, if mail is not delivered to street address) <i>Box 373</i> Room/suite City or town, state or country, and ZIP + 4 <i>Welcome, MA. 56181</i>	
		D Employer identification number <i>41 6037913</i> E Telephone number <i>(501) 728-8251</i>	
		F Group Exemption Number ► <i>N/A</i>	

• 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) ►

I Website: ► _____

J Organization type (check only one) — 501(c) (9) (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 34,190

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 300
	2 Program service revenue including government fees and contracts	2 10547
	3 Membership dues and assessments	3 2100
	4 Investment income	4 7912
	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
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 9171
b Less: direct expenses other than fundraising expenses	6b 969	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 8202	
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)		
8 Other revenue (describe ► _____)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 33221	
Expenses	10 Grants and similar amounts paid (attach schedule)	10 19384
	11 Benefits paid to or for members	11 150
	12 Salaries, other compensation, and employee benefits	12 2925
	13 Professional fees and other payments to independent contractors	13 701
	14 Occupancy, rent, utilities, and maintenance	14 254
	15 Printing, publications, postage, and shipping	15 26724
	16 Other expenses (describe ► <i>Equipment, Bank Charge, Tax, Fund Raising</i>)	16 237901
	17 Total expenses. Add lines 10 through 16	17 244398
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (6497)
	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 237901
	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 244398

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)			
Assets	22 Cash, savings, and investments	(A) Beginning of year 236789	(B) End of year 244398
	23 Land and buildings	22	244398
	24 Other assets (describe ► <i>Interest Receivable 7374 Account Receivable 7000</i>)	23	
	25 Total assets	1696	2374
	26 Total liabilities (describe ► <i>Accounts Payable</i>)	238485	244990
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	584	592
		237901	244398

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	35a	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35b	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	37a	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39b	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40a	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	<input type="checkbox"/>
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	40c	<input type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	<input type="checkbox"/>
d Enter amount of tax on line 40c reimbursed by the organization	40e	<input checked="" type="checkbox"/>
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.		
41 List the states with which a copy of this return is filed ► <u>Minnesota</u>		
42a The books are in care of ► <u>Jon Saxon</u> Telephone no. ► <u>(507) 728-8251</u> Located at ► <u>PO Box 373 Welcome, MN</u> ZIP + 4 ► <u>56181</u>		
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, Report of Foreign Bank and Financial Accounts.	42b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 ► <u>43</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
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 completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Sign Here	<p>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</p> <p> Signature of officer</p> <p> Jon Saxon, Treasurer</p>	
	18/14/2010	
	Date	

Paid Preparer's Use Only	Preparer's signature	<i>Jerry Jorgenson</i>	Date	Check if self- employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)
			10/14/10			POO188919
	Firm's name (or yours if self-employed), address, and ZIP + 4	Roestberg, Nause & Co., P.A. Box 7104, Fairmount, MN 56031		EIN	► 41 1826072	
				Phone no	► (507) 235-3377	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Welcome Firemen's Relief Association

41-6037913

Year end: 12-31-2008

ATTACHMENT TO FORM 990-EZ

Page 2, Organization's Primary Exempt Purpose.

The Welcome Firemen's Relief Association consists of three separate funds
and their primary exempt purpose is:

- A. Special Fund - Provide disability and pension benefits to members.
- B. General Fund and Clothing Fund - Raise funds for the welfare of the association
and its members and provide funding for purchase of equipment
for the fire department.