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OMB No 1545-1150

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 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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning January 1 , 2008, and ending December 31 , 20 08							
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td>C Name of organization St. Michael Fireman's Relief Association</td> <td>D Employer identification number 41 : 6038100</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite 216 Main Street South</td> <td>E Telephone number (763) 497-6054</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 St. Michael, MN 55376</td> <td>F Group Exemption Number . . . ►</td> </tr> </table>	C Name of organization St. Michael Fireman's Relief Association	D Employer identification number 41 : 6038100	Number and street (or P O box, if mail is not delivered to street address) Room/suite 216 Main Street South	E Telephone number (763) 497-6054	City or town, state or country, and ZIP + 4 St. Michael, MN 55376	F Group Exemption Number . . . ►
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• **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) (**4**) ◀ (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 ► \$ **75,374**

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		71,037
	2 Program service revenue including government fees and contra		0
	3 Membership dues and assessments		0
	4 Investment income		4,337
	5a Gross amount from sale of assets other than inventory	5a 0	
	b Less: cost or other basis and sales expenses	5b 0	
	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 (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a 0	
	b Less: direct expenses other than fundraising expenses	6b 0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c 0	
Expenses	7a Gross sales of inventory, less returns and allowances	7a 0	
	b Less: cost of goods sold	7b 0	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 0
	8 Other revenue (describe Quoten, Utah TRS RCVD)		8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.		9 75,374
	10 Grants and similar amounts paid (attach schedule)		10 0
	11 Benefits paid to or for members		11 2,059
	12 Salaries, other compensation, and employee benefits		12 900
	13 Professional fees and other payments to independent contractors		13 3,400
	14 Occupancy, rent, utilities, and maintenance		14 0
15 Printing, publications, postage, and shipping		15 1,660	
16 Other expenses (describe dues, memorials, and investment fees and expenses)		16 8,154	
17 Total expenses. Add lines 10 through 16		17 16,173	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 59,201
	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)		19 770,113
	20 Other changes in net assets or fund balances (attach explanation)		20 (197,434)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21 631,880

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	768,693	630,273
23 Land and buildings	0	0
24 Other assets (describe due from other gov't. units)	1,420	1,607
25 Total assets	770,113	631,880
26 Total liabilities (describe due from other gov't. units)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	770,113	631,880

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

Cat No 106421

Form **990-EZ** (2008)

SCANNED NOV 1 2010

Expenses

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

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

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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		✓
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		✓
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 tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
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 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 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a 0		
b Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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>MN</u>		
42a The books are in care of ▶ <u>Eddy Rogalski</u> Telephone no. ▶ <u>(763) 497-6054</u>		
Located at ▶ <u>216 Main Street South, St. Michael, MN</u> ZIP + 4 ▶ <u>55376</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 .		
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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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.

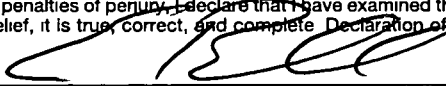
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47 48 49a 49b**
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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
N/A				
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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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.

Sign Here ▶  Date 10-13-2010

Signature of officer

Eric Bullen, Secretary

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date ▶ Check if self-employed ☐ Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIN ▶ Phone no ▶ () ▶

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

St. Michael Fireman's Relief Association

FEIN# 41-6038100

Explanation for calendar year 2008

Explanation for Form 990-EZ, Part 1, Line 20 – Description: Net depreciation in the fair market value of investments for \$197,434.