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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 20 2009, and ending For the 2009 calendar year, or tax year beginning Employer identification number Association. C Name of organization Elbow Lake Píease B Check if applicable use IRS label or 41-6036323 * Doing Business As Address change Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite print or ☐ Name change type 218-685-4183 PO Box 464 Initial return Specific City or town, state or country, and ZIP + 4 Terminated Instruc-Elbow Lake, MN 56531 G Gross receipts \$ Amended return F Name and address of principal officer Nathan Porter H(a) Is this a group return for affiliates? Yes X No Application pending 56531 3rd St NE, Elbow Lake, H(b) Are all affiliates included? Yes No Tax-exempt status ∑ 501(c) (4) **◄** (insert no) ☐ 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ L Year of formation 1946 M State of legal domicile Form of organization 🗵 Corporation 🗌 Trust 🔲 Association 🔲 Other 🕨 Part I Summary 1 Briefly describe the organization's mission or most significant activities To pay its members in case . of sickness, disability or death, and retirement from active service as firefighters. The Organization is a MN non-profit fire fighting corporation with 27 active members ruled by MN State Statutes. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) $\overline{13}$ 5 5 Total number of employees (Part V, line 2a). 0 6 6 Total number of volunteers (estimate if necessary) 887 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34 Current Year 12,994 20,618 Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g). .496 958. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3,949776 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,165 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A) line. 0 Grants and similar amounts paid (Part IX, column (A), line REDEIV •16,211 Benefits paid to or for members (Part IX, column (A), line 4). Ö 0 15 Salaries, other compensation, employee benefits (Part IX Column (A), Jines 5 10)
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 5,648 9,082 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24) GDEN, 21,859 15,795 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25). -3,694Revenue less expenses Subtract line 18 from line 12 Assets or Beginning of Current Year End of Year 222,050 256,399 20 Total assets (Part X, line 16). 84,091 226, 682 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 37,959 Part II Signature Block 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 Signature of officer Here Date Scor Treasure Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ► 🛛 Paid P00220268

> Yes Form 990 (2009)

▶ 41-1436555

Phone no ► 218-948-2281

PO Box

27, Evansville,

Preparer's

Use Only

Firm's name (or yours

address, and ZIP + 4

if self-employed),

Pa	till Statement of Program Service Accomplishments
1	Briefly describe the organization's mission To pay its members in case of sickness, disability or death, and retirement from active service as a firefighter.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code)(Expenses \$ 6,713* including grants of \$)(Revenue \$) The Special Pension Trust Fund is used to pay the firefighters in case of sickness, disability or death, and retirement from active service.
4b	(Code:) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,713

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	х
3	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	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		х.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		х.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		x ·
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x.
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x ·
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		į	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			egit a
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х .
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х.
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	•
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Fa	Checklist of Required Schedules (continued)			т—-
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		х.
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х.
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		<u>x</u> '
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x '
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Fe	Statements Regarding Other IRS Fillings and Tax Compliance			
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
L	U.S. Information Returns. Enter -0- if not applicable			T,
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13	2b		
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	\$92554Tel-90	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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)?			x
b	If "Yes," enter the name of the foreign country ▶			185
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		30	
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b	 	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	required?		30.00	****
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N. is	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	2000	Salow is a second
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	10.0		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	andri i	arminist.
b	If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b		CARL COLOR	THE S

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	ction A. Governing Body and Management		, —				
			Yes	No			
1a	Enter the number of voting members of the governing body	<u>」</u>	16.5				
	Enter the number of voting members that are independent		200				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	# 14°	644				
_	any other officer, director, trustee, or key employee?	2		x			
3							
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X			
		5		X			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	x	<u> </u>			
6	Does the organization have members or stockholders?	_		··-			
/a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a	x				
	of the governing body?	7b	X				
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	200	Â.	4			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following			P.E.Day			
	The governing body?	8a	X				
_	Each committee with authority to act on behalf of the governing body?	8b	X	 			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
800	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X			
	tion B. Policies (This Section B requests information about policies not required by the Internue Code)	emai					
1100	chiae oode)		Yes	No			
		10a	765	No			
	Does the organization have local chapters, branches, or affiliates?	Iva		X			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		ĺ			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44					
	form?	11	81273	<u>X</u>			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	W.	, je			
	The original and the second of	12a		_ <u>X</u>			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.		i			
	rise to conflicts?	12b					
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			i			
	describe in Schedule O how this is done	12c					
13	Does the organization have a written whistleblower policy?	13		_X			
14	Does the organization have a written document retention and destruction policy?	14	· control in the	X			
15	Did the process for determining compensation of the following persons include a review and approval by		.	70.74			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. Fi		45			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>			
b	Other officers or key employees of the organization	15b	28.5	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	300					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		APPEN.			
	with a taxable entity during the year?	16a	250-200	X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		4.				
	its participation in joint-venture arrangements under applicable federal tax law, and taken steps to safeguard			25 L			
	the organization's exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ Minnesota .			- -			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s c	only)				
	available for public inspection. Indicate how you make these available. Check all that apply.						
	☐ Own website ☐ Another's website ☒ Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest				
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the				
	organization ► See Schedule O -						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)		(C) (D) (E)						(E)	(F)
Name and Title	Average		on (d		k all	that ap		Reportable	Estimated amount of	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Nathan Porter									_	_
President		Х		Х			ļ	0	0	0
Gary Huebner Vice-President		х		Х				0	0	0
Ray Shuck Treasurer		х		х				ol	0	0
Joe Larue Secretary	, . .	x		х				0	0	0
Mark Westrom				Λ				0		
Trustee Donnie Blume		Х						U	0	0
Trustee		Х						0	0	0
James McNamar City Mayor		x						0	0	0
Jeff Holsen City Clerk		х						0	0	0
Jason Lindquist City Fire Chief		х						0	0	0
								~ -		
				_						
				_						
```										

Part VII	Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees	, an	d High	est	Compensate	d Employee	es (contin	ued)
	(A)	(B)			•	C)			(D)	(E)		(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensat from relat organizatio (W-2/1099-N	ed ons (ISC)	Estimated amount of other impensation from the organization and related rganizations
					-			$\dashv$				
			-					$\dashv$				
										<del></del>		
						_		T				
								+				
								+				
							$\vdash$	$\dashv$				
								-				
				_				_				
								_				
1b Tota		<u> </u>							0		0	0
repo	I number of individuals (including but restable compensation from the organization from the organization list any former office	r, director o	or tru	stee	e, k	ey e	employ	_			and the	Yes No
4 For a	loyee on line 1a? <i>If "Yes," complete S</i> any individual listed on line 1a, is the s	sum of repo	rtable	e co	qmo	ens	ation a	and	other compen	sation from	. 3	X
ındıv	organization and related organizations ( vidual.										. 4	X
5 Did a servi	any person listed on line 1a receive ces rendered to the organization? If "	or accrue ( Yes," comp	comp lete S	ens Sch	atio edui	n fr <i>e J</i>	om an	ıy ι ch μ	inrelated orga person	nızatıon foi		X
	B. Independent Contractors											
	plete this table for your five highest co pensation from the organization	mpensated	ınde	pen	den	t co	ntracto	ors-	that received	more than	\$100,000 	of
	(A) Name and business add	ress							(B) Description of se	rvices		C) ensation
None												
							-					
	I number of independent contractors (in the than \$100,000 in compensation from					o th	ose iisi	ted	above) who re	ceived		

Par	t VII	Statement of Re	venue						
			1 N-1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns		1a	ļ			10	
grants	b	Membership dues		1b		J. 3. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18			100
ES, ma	С			1c					* 1 to 1
gifts, Iar an	d	Related organizations		1d			100	10 m	1
ii is	е	Government grants (contr	ibutions).	1e	•10,466				
tributions, gifts, grants other similar amounts	f	All other contributions, gifts, g			}			100	
혈美		and similar amounts not inclu		1f	2,528				10.0
Contributions, and other simi	g	Noncash contributions include	d in lines 1a-1f	• \$		N. A. San Bridge		1.0	
	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>		12,994			
Service Revenue					Business Code				
ye.	2a						ļ		
æ	b								
<u>č</u> .	C								
Sel	d								
ram	e	***							
Program		All other program servi					Laster series Estada	THE CONTRACT OF THE CONTRACT	
—	<u>g</u>		<u> </u>			0			
	3	Investment income (inc	-		_	•1,958			1,958
	4	other similar amounts) Income from investment o	f tay ayamat						
	5	December	· · · · · ·	Dona	proceeds >	·			
		,	(ı) Real		(II) Personal				and the second
	62	Gross Rents .	<del> ''</del> -					谎	
	1	Less rental expenses							1.1
	1	Rental income or (loss)		0	0				
		Net rental income or (lo	oss)		>	0		a salamas or a constant L.	
	72	Gross amount from sales of	(ı) Securiti	es	(II) Other				
	'a	assets other than inventory							
	h	Less cost or other basis							
		and sales expenses .							
	С	Gain or (loss)		0	0		A		
		Net gain or (loss)		-	🕨	0			
<u>e</u>	82	Gross income from	fundraisin	a			10	4.5	
ua		events (not including \$		5					
ě		of contributions reported		)					
Ë		See Part IV, line 18		а	-20,845				
Other Reven		Less direct expenses		b	•14,734	110			
0	С	Net income or (loss) from	om fundrais	ıng e	vents 🕨	• 6,111	Santana we a secondaria secondaria		6,111
	9a	Gross income from gam	ing activities	;	•				**************************************
		See Part IV, line 19			563,673				
		Less direct expenses		þ	•571,560		1000		
	С	Net income or (loss) fro	m gaming	activi	ties <b>&gt;</b>	• -7 <b>,</b> 887	Year say out the say CV to the	•-7,887	
	10a	Gross sales of inve		s				*	•
	_	returns and allowances		a				4 64	
		Less cost of goods sol		b					
	C	Net income or (loss) from Miscellaneous Reve		vento	Business Code	U		Šienie aug	
	14.				Duamess Coue				
	11a					<u> </u>			
	b					<u> </u>			
	ر ا	All other revenue			<del></del>	-	·		
	e	Total. Add lines 11a-11	 1d	. '		0		**************************************	TO PROPERTY.
		Total Revenue. See ins		•		• 13,176	STATE OF STA	·-7 <b>,</b> 887	· 8,069
		Total Nevellue, See III	JUUCUUIIS .		<u> </u>	<u> </u>		1,007	0,009

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All office organizations must complete column (A) but are not required to complete columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members	•6,713	. 6,713				
5	Compensation of current officers, directors, trustees, and key employees						
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  Other salaries and wages						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9 10	Other employee benefits						
11	Fees for services (non-employees)  Management						
	Legal	2 026		.2.026			
	Accounting	. 2,836		•2,836			
	Professional fundraising services See Part IV, line 17			787			
f g	Investment management fees						
12	Advertising and promotion						
13 14	Office expenses						
15	Royalties						
16	Occupancy	. 53		E 2			
17	Travel	. 55		. 53			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	• 2,320		. 2,320			
20	Interest						
21 22	Payments to affiliates						
23	Insurance	• 361		• 361			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Supplies	866	HERE THE STREET	• 866			
b	Miscellaneous	231		• 231			
¢	Secret Santa	267		• 267			
d	Fruit Baskets	450		450			
e	Shirts/Jackets	1,668		. 1,668 . 30			
f 25	All other expenses Repair Total functional expenses. Add lines 1 through 24f	• 15,795	· 6,713	9,082			
26	Joint Costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		,				

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9,097	1	6,800
	2	Savings and temporary cash investments	• 82,937	2	74,592.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		4.	
	5	employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	4 2 2
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	• 732	8	724
Ã	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	t y a sta		
	b	Less accumulated depreciation 10b 2,635	• 2,868	10c	2,049
	11	Investments—publicly traded securities	· 124,730	11	164,560 •
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	_	14	
	15	Other assets See Part IV, line 11	- 1,686	15	7,674.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	• 222,050	16	256,399 •
	17	Accounts payable and accrued expenses	• 51	17	200
	18	Grants payable		18	
	19	Deferred revenue		19	
	20			20	
တ္တ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≝	22	Payables to current and former officers, directors, trustees, key		3/3/	
Liabilities	2.2	employees, highest compensated employees, and disqualified			1.00
===		persons Complete Part II of Schedule L		22	7
	20	·		23	
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	24 25	Other liabilities Complete Part X of Schedule D	• 184,040	25	226,482 •
	26	Total liabilities. Add lines 17 through 25	. 184,091	26	226,682
ces	_=-	Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20	
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ► ⊠ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	• 37,959	32	29,717
Net Assets	33	Total net assets or fund balances	37,959	33	29,717
	34	Total liabilities and net assets/fund balances	• 222,050	34	256,399 •

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash• 🗆 Accrual 🗀 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		E P	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a_		х.
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	Village Colored
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. ]	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

OMB No 1545-0047

2009
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Elbow Lake Fire Department Relief Association	41-6036323
Part VI,, Line 11A: The Organizations President ar	nd Treasurer reviewed
the Form 990 and Attachments before it was filed.	
Part VI, Section C. Disclosure, Line 20: •	
Kim Porter, Elbow Lake, MN 56531 has Gambling Fur	nd Books
Telephone # 218-685-4183	
Ray Shuck, Elbow Lake, MN 56531 has Special and G	General Fund Books
Telephone # 218-685-5225	
Part I: Reconciliation of Part I, Line 22 Prior Ye	ear to Current Year:
Line 22 Net Assets Prior Year	\$37 <b>,</b> 959 •
Adj. Estimated Pension Fund Liability	(42,442)
Net Unrealized Gains on Investments	30,830
Line 19, (Expenses) Over Revenues Current Year	(2,619)
Adj. Accrued Interest/St Aid Receivable to Cash B	Basis 5,988 °
Rounding	1
Line 22 Net Assets Current Year	\$29 <b>,</b> 717 ·
Part VI, Schedule C. Disclosure:	
The Organization makes its governing documents av	ailable to anyone upon
request. The annual pension reportingt form (RF)	is public. •

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

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

lbow Lake Fire Department   Tundraising Activi					to Form 990, Par	t IV, line 17
Form 990-EZ filers	are not required	to compl	ete this p	art		
Indicate whether the organiza			y of the fol			
b Internet and email solicita	tions	f		on of government	_	
c Phone solicitations		g		undraising events	-	
d  In-person solicitations		3	,	<b>U</b>		
a Did the organization have a wi	ritten or oral agree	ment with a	ny individu	al (including office	ers, directors, trustee	es
or key employees listed in Fo	rm 990, Part VII)	or entity in	connection	with professional	fundraising services	s? 🗌 Yes 🔲 N
b If "Yes," list the ten highest p to be compensated at least \$	oald individuals or 5,000 by the orga	entities (fu anization	ındraisers)	pursuant to agree	ements under which	n the fundraiser is
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No	<del> </del>	col (i)	
		103	140		II	
		-				
						-
						•
				<del></del>		
			:			
		_				
		<u> </u>				
otal			▶			
List all states in which the org				solicit funds or ha	as been notified it	is exempt from
					•	

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 (add col (a) through Flekkefest col (c)) (event type) (event type) (total number) Revenue 20,845 20,845 Gross receipts Less⁻ Charitable 0 contributions Gross income (line 1 • 20,845 20,845 minus line 2) 0 Cash prizes 0 Noncash prizes 0 Rent/facility costs Direct Expenses 5,438 5,438 Food and beverages 3,350 3,350 8 Entertainment 5,946 5,946 Other direct expenses 14,734) Direct expense summary Add lines 4 through 9 in column (d) . . . Net income summary Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (c) Other gaming (d) Total gaming (Add Revenue bingo/progressive bingo col (a) through col (c)) •563,673 563,673 ' Gross revenue 456,450 456,450 Direct Expenses Cash prizes 2 0 3 Noncash prizes 10,866 10,866 Rent/facility costs 104.244 Other direct expenses Yes Yes Yes X No No Volunteer labor 571,560) Direct expense summary. Add lines 2 through 5 in column (d) . -7,887 Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: Minnesota Is the organization licensed to operate gaming activities in each of these states? If "No." explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain 11 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? 12 Х

_	
Page	

13 a b 14	Indicate the percentage of gaming activity operated in.  The organization's facility	13a 13b ecial e	100 events books	% %	
	Name ► Kim Porter and Ray Shuck  Address ► Elbow Lake, MN 56531				
	Does the organization have a contract with a third party from whom the organization revenue?	ion re	eceives gaming		X
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party.	<b>-</b> -	and the		
	Name ▶				
16	Address ▶				
	Name ▶ Jade Gehrke				
	Gaming manager compensation ► \$ 6,300				
	Description of services provided ► Manages all pull-tab gamblin		ctivities		
17 a	Director/officer  X Employee Independent contractor  Mandatory distributions  Is the organization required under state law to make charitable distributions from the		ng proceeds to		
b	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other or spent in the organization's own exempt activities during the tax year   \$\bigsec\$\$				X

Schedule G (Form 990 or 990-EZ) 2009

#### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Employer Identification number

	e of the organization		Employer Identification number
	bow Lake Fire Department	· · · · · · · · · · · · · · · · · · ·	41-6036323
Pa	organizations Maintaining Do the organization answered "Yes	onor Advised Funds or Other Similar s" to Form 990, Part IV, line 6	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5		d donor advisors in writing that the assets he pject to the organization's exclusive legal cor	
6		donors, and donor advisors in writing that gr t for the benefit of the donor or donor adviso benefit?	or, or for any other
Pa	rt II Conservation Easements. Com	nplete if the organization answered "Yes"	to Form 990, Part IV, line 7
1	<ul> <li>□ Preservation of land for public use (e.g.</li> <li>□ Protection of natural habitat</li> <li>□ Preservation of open space</li> </ul>	☐ Preservati	on of an historically important land area on of a certified historic structure
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year	zation held a qualified conservation contribut	ion in the form of a conservation
			Held at the End of the Tax Yea
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation $\epsilon$	easements	2b
С	Number of conservation easements on a	certified historic structure included in (a) .	
d	Number of conservation easements include	ded in (c) acquired after 8/17/06	2d
3	Number of conservation easements modifithe tax year ►	fied, transferred, released, extinguished, or t	erminated by the organization during
4	Number of states where property subject	to conservation easement is located	
5	Does the organization have a written policy violations, and enforcement of the conservations.	cy regarding the periodic monitoring, inspect vation easements it holds?	ion, handling of
6	Staff and volunteer hours devoted to mon	ntoring, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing conservation ea	asements during the year
8		ed on line 2(d) above satisfy the requiremen?	
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	n reports conservation easements in its reve the text of the footnote to the organization's ation easements	nue and expense statement, and financial statements that describes
Pa		lections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8	r Other Similar Assets.
1a	art, historical treasures, or other similar ass	nder SFAS 116, not to report in its revenue s sets held for public exhibition, education, or re te to its financial statements that describes t	esearch in furtherance of public service
b	historical treasures, or other similar assets provide the following amounts relating to t		search in furtherance of public service
	(i) Revenues included in Form 990, Part	VIII, line 1	<b>&gt;</b> \$
2	following amounts required to be reported		•
а	Revenues included in Form 990, Part VIII,	, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

Pa	rt III Organizations Maintaining	Collections of Art,	Historic	al Treasur	es, or Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply)	ccession, and other re	cords, ch	eck any of t	he following that are a	significant use of its
а	Public exhibition		d 🔲	Loan or exc	hange programs	
b	Scholarly research		е 📙	Other		
С	Preservation for future generation	ns				
4	Provide a description of the organization Part XIV	on's collections and ex	piain how	they further	r the organization's ex	empt purpose in
5	During the year, did the organization soli assets to be sold to raise funds rather th	an to be maintained as	part of the	e organizatio	n's collection?	. Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am	angements. Completount on Form 990, F	te if the o Part X, lin	rganization e 21	answered "Yes" to F	orm 990, Part
	Is the organization an agent, trustee, or included on Form 990, Part X?				ions or other assets no	ot . 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIV and complete t	he followı	ng table [.]		
					· ····	Amount
С					- 1c	<del></del>
d	Additions during the year				. 1d	
е	Distributions during the year				. <u>1e</u>	
f						
	Did the organization include an amount if "Yes," explain the arrangement in Pa	rt XIV	<u> </u>		· · · · · · · ·	. L Yes L No
Pa	rt V Endowment Funds. Comp		ion answ			
		(a) Current year (b)	Prior year	(c) Two yea	rs back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance			100		
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships			7.1		19 19 18 18 18 18 18 18 18 18 18 18 18 18 18
е	Other expenditures for facilities and programs			74.1	10 (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
	Administrative expenses End of year balance					A
2	Provide the estimated percentage of th	e year end balance h	eld as			
а	Board designated or quasi-endowment	=				
b	Permanent endowment ▶					
С	Term endowment ▶  %					
3a	Are there endowment funds not in the pe	ossession of the organ	ization tha	it are held ar	nd administered for the	Yes No
	organization by					3a(i)
	,,					3a(ii)
h	(ii) related organizations		ed on Scl	nedule R2		3b
4	Describe in Part XIV the intended uses					
Par	t VI. Investments—Land, Build	<u>-</u>			Part X. line 10	·····························
	Description of investment	(a) Cost or other basis (investment)	(b) Co	ost or other is (other)	(c) Accumulated depreciation	(d) Book value
4.	Land		-			
	Land				MATERIAL STATES OF STATES AND STA	
b	Buildings		<del> </del>			
ت بہ	Leasehold improvements		<u> </u>	4,684	2,635	2,049
d e	Equipment		<del>                                     </del>	-,		2,013
Tota	I. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Par	X, columr	n (B), line 10(	(c))	2,049

Part VII Investments—Other Securities.	See Form 990, Part	X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		THE RESIDENCE OF THE SECOND
Part IX Other Assets. See Form 990, Part X	(, line 15	
	Description	(b) Book value
State Aid Receivable		7,590
Accrued Interest Receivable	<del></del>	84
	<del></del>	
		7 634
Total. (Column (b) must equal Form 990, Part X, col (B)		<b>&gt;</b> 7,674
Part X Other Liabilities. See Form 990, Pa		
1. (a) Description of liability Federal income taxes	(b) Amount	The Market of the Control of the Con
Pension Fund Liability	• 226,482	
tension rund mapriley	220,402	
	<del></del>	
	·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	•226,482	
(= Stating (S) made equal to the Soo, t are N, sor (B) line 20 /	1220, 402	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,176
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,795
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,619
4	Net unrealized gains (losses) on investments	4	30,830
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7 8	6,807
8	Other (Describe in Part XIV )	9	37,637
9 10	Total adjustments (net) Add lines 4 through 8	10	35,018
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	621,554
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		600 070
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,176
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-31	
b	Other (Describe in Part XIV)	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,176
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	586,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	- 25	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	571,560
3	Subtract line 2e from line 1	3	14,976
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Add a day	4c	819
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	15,795
	XIV Supplemental Information		10/120
and 2 his p	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and art to provide any additional information  t XI, Line 8:		
A	crrued interest/state aid receivable adj. to cash basis	5	\$5,988 ·
D	epreciation not on regulatory gambling audit report		819 •
	Total		\$6,807 •

Part XIV Supplemental Information (continued)	
Part XII, Line 2d:	
Gross income from gaming	\$ 563 <b>,</b> 673
Net loss from gaming	7 <b>,</b> 887
Adj. Accrued interest and State aid receivab	le to Cash Basis 5,988
Total	\$ 577 <b>,</b> 548
Part XIII, Line 2d:	
Total gaming expenses	\$ 571 <b>,</b> 560
Part XIII, Line 4b:	
Depreciation	\$ 819
There are two separate audit reports issued ea	ch year. One for the
Lawful Purpose Gambling Fund, and one for the	Special and General Funds.
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## Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2	of this for	m).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need			
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—check	this box a	and comple	ete . ► □
tıme to file i	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.			
one of the relectronically returns, or a	illing (e-file). Generally, you_can electronically file Form 8868 if you want a 3-month_au eturns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed ar ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file if	ver, you ca s 990-BL, ( ld signed p	annot file I 3069, or 81 age 2 (Part	Form 8868 870, group : II) of Form
Type or	Name of Exempt Organization	Employer	identificatio	on number
print	Elbow Lake Firemen's Relief Association	41-603	6323 •	
File by the due date for filing your	Number, street, and room or suite no. If a P O box, see instructions PO Box 464			
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions Elbow Lake, MN 56531			
Check type	of return to be filed (file a separate application for each return):			
☑ Form 990	Form 990-T (corporation)		Form 472	0
☐ Form 990	D-BL		Form 522	7
Form 990	D-EZ Form 990-T (trust other than above)		Form 606	9
☐ Form 990	)-PF		Form 887	0
Telephone  If the orga  If this is fo for the whole	are in the care of ▶Ray Shuck  No. ▶ 218-685-5225  FAX No. ▶  mization does not have an office or place of business in the United States, check this ra Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box  ### To part of the group, check this box	box	 If th	
	e names and EINs of all members the extension will cover.			
until4 for the ∈ ► ⊠ c	est an automatic 3-month (6 months for a corporation required to file Form August $15$ , $2010$ , to file the exempt organization return for the organization organization's return for: salendar year $2009$ or tax year beginning, 20, and ending	named abo	ve. The ex	tension is
2 If this ta	x year is for less than 12 months, check reason:  Initial return  Final return	Change i	n accounti	ng period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	3a	\$	0
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ts made Include any prior year overpayment allowed as a credit.	3b	\$	0
deposit	<b>Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment. See instructions.		\$	0
Caution. If your for payment is	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845 instructions.	3-EO and f	orm 8879	-EO